## WAYLAND BAPTIST UNIVERSITY MASTER OF EDUCATION DEGREE

Academic Catalog: 2016-17	Acceptance Date:	Semester Hours Summary	Req	Have	Need
Name:	Requ	uired Core Curriculum	19	0	19
PCID:	Area	of Specialization	18	0	18
Degree: M.Ed. in Special Education	Wayl	and Residency	24	0	24
	5000	-Level Courses	24	0	24
Campus:	Tota	I hours required (Min. 37)	37	0	37

REQUIRED CORE CURRICULUM	Req	Have	Need	AREA OF SPECIALIZATION	Req	Have	Need
PROFESSIONAL STUDIES	19	0	19	SPECIAL EDUCATION	18	0	18
Course Name	Coll	Hours	Grade	Course Name	Coll.	Hours	Grade
EDUC 5353 Learning to Lead				EDSP 5304 Survey of Exceptionalities			
EDUC 5102 Master Comprehensive Test				EDSP 5305 Special Education Law			
				EDSP 5306 Methods & Materials for Teaching			
three hours from				Students with Disabilities			
EDIT 5310 Microcomputer Applications				EDSP 5307 Math Instruction from the Special			
EDIT 5340 Advanced Desktop Publishing & Digital Graphics				Education Perspective			
EDIT 5344 Advanced Multimedia and Video Technology				EDSP 5308 Appraisal of Students with Disabilities			
EDIT 5345 Web Applications				EDSP 5315 Behavior Management Techniques for			
				Students with Disabilities			
three hours from				EDSP 5349 Low Incidence Disabilities in the			
EDUC 5301 Advanced Principles and Practices in Education				Special Education Classroom			
EDUC 5382 Brain Based Learning				EDSP 5350 Characteristics of Learners with High			
				Incidence Disabilities			
three hours from				EDSP 5357 Teaching Students with Reading, Language, and			
EDUC 5302 Research Methods in Education				Communication disorders			
EDUC 5383 Data Based Decision Making				EDUC 5366 Topical Research in Education			
three hours from				LEGEND	Т	OTAL HE	RS
EDUC 5346 Equity and Excellence in the EC-12 Classroom						ON DP	
EDUC5384 Conflict Resolution				WBU - WAYLAND BAPTIST UNIVERSITY		0	
				TR - TRANSFER COLLEGE		0	
three hours from				UC - UNDERGRADUATE COURSEWORK		0	
EDUC 5380 Adult Development and Learning							
EDUC 5381 Child and Adolescent Development & Learning						0	
Approved:							
Graduate Studies Official				Date			

Campus:
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Advisor:

Name: PCID:

Student Address:

City: State:

Zip: