

Graduation Audit
Master of Education, Professional Studies (M.Ed.)

Updated January 14, 2009

Student ID: _____

Anticipated Graduation Date: _____

Name: _____

(Enter your name exactly as you wish to have it appear on your diploma. Your full legal name is recommended. Print clearly, because this document will be used to order your diploma.)

Home Address: _____

Telephone: _____

e-mail: _____

Enter your grade for each course completed at Emory & Henry. Enter TR for transfer credit.

I plan to teach (Check level): Elementary Secondary General Special Education (SPED)

Requirements				
Course #	Title	Term	Hrs	Grade
Education Practicum	501		3	
	501B for SPED			
EDUC 505	Human Growth & Development		3	
EDUC 570	Survey/Exceptional Children		3	
EDUC 545	Foundations of Education		3	
EDUC 549E/S	549E (elementary): Practicum in Diagnosis and Remediation of Reading Problems		3	
	549S (secondary): Reading, Writing & Instruction in Content Area			
Seminar EDUC 520/40/60	520 (elementary)		2	
	540 (secondary)			
	560 (SPED)			
Supervised Teaching EDUC 521/41/61	521 (elementary)		10	
	541 (secondary)			
	561 (SPED)			
Curriculum & Instru EDUC 530/50	530 elementary		3	
	550 secondary			
GPA of listed courses (must be a minimum of 3.00)				

Description of alternative or substituted courses, including departmentally approved transfer credit; see attached course substitution form.

Student Signature Date

Advisor Signature Date

Director, Neff Education Center Date

Registrar Date

Total Semester hours _____