



**MASTER OF SCIENCE SPECIAL EDUCATION ADVANCED STUDIES  
ABA EMPHASIS PLAN OF STUDY**

Name \_\_\_\_\_ Address: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Advisor: \_\_\_\_\_

Catalog Year: \_\_\_\_\_ I have read the graduate catalog

COURSES	Credits	Grade	Term
<b>I. Professional Core (6 Credits)</b>			
SPED 502 Research in Special Programs	3	_____	
SPED 533 Learning and the Experimental Analysis of Behavior	3	_____	
<b>II. Professional Specialization (21 Credits)</b>			
SPED 515 Ethics in Education and Human Services	3	_____	
SPED 520 Applied Behavior Analysis	3	_____	
SPED 551 Assessment & Program Planning for Special Populations	3	_____	
SPED 574 Data-Based Instruction	3	_____	
SPED 586 Conceptual Issues in Radical Behaviorism	3	_____	
SPED 550 Best Pract. Teaching Stud w/Emotional & Behavioral Disorders	3	_____	
SPED 580 Autism: Characteristics and Interventions	3	_____	
<b>III. Professional Practice (9 Credits)</b>			
SPED 592 Seminar	3	_____	
SPED 599 Thesis (two semesters) take 3 credits each semester	6	_____	/
<b>Total Minimum Semester Credits</b>	<b>36</b>		

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Licensure officer \_\_\_\_\_ Date: \_\_\_\_\_

Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED: Director of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

MASTERS DEGREE COMPLETION DATE: \_\_\_\_\_ SIX YEAR EXPIRATION: \_\_\_\_\_