

SOUTH CAROLINA STATE UNIVERSITY
PROGRAM OF STUDY - MASTER OF ARTS DEGREE IN SPEECH PATHOLOGY & AUDIOLOGY

Check Option: Thesis Non- Thesis

Candidate: _____ SSN: _____

Last First Middle

STUDENT'S DECLARATION: In compliance with the *Graduate Catalog*, I hereby apply for approval of this Program of Study. I have studied all degree and program requirements in the University's Graduate Catalog with my advisor, to insure timely and orderly progress toward my degree goals. I understand that the successful completion of these requirements is solely my responsibility.

Student's Signature

Advisor's Approval

Date

Date Admitted to Program (Letter) _____ Date Passed Subject-Matter Exam: _____ NESPA Date: _____

Prefix & No.	Brief Description	Credit	Grade	Sem/Yr	Comments
PREREQUISITES - Non SPA Undergraduate Degree Holders ONLY 18 Hours					
SPA 505	Introduction to Communication Disorders	3		Fall	
SPA 511	Anatomy & Physiology of Speech and Hearing	3		Fall	
SPA 560	Introduction to Audiology	3		Fall	
SPA 514	Introduction to Phonetics	3		Spring	
SPA 520	Language Development	3		Spring	
SPA 595	Intro to Manual Communication	3		Spring	
PROFESSIONAL COURSES - 24 Hours					
SPA 581	Principals of Clinical Procedures	3		Fall	
SPA 530	Articulation Disorders	3		Fall	
SPA 572 or SPA 573	Adult Language Disorders Neuropathologies of Speech/Language Impairment	3		Fall	
SPA 594	Differential Diagnosis of the non-verbal Child	3		Fall	
SPA 500	Graduate Study in Speech Pathology/ Audiology	3		Spring	
SPA 522	Child Language Disorders	3		Spring	
SPA 590	Diagnostic Procedures	3		Spring	
SPA 540	Stuttering	3		Summer	
SPA 550	Disorders of Phonation	3		Summer	
SUBJECT MATTER ELECTIVES 18hrs					
SPA 699	Special Topics: Dysphagia	3		Fall	
SPA 593	Seminar in Speech Pathology	3		Fall	
SPA 580	Speech Therapy in the Schools	3		Fall	
SPA 563	Rehab of the Hearing Impaired	3		Spring	
SPA 574	Communication Problems in Aging	3		Spring	
SPA 521	Cultural Language Variations	3		Summer	
SPA 516	Speech and Hearing Science	3		Summer	
SPA 600/601	Thesis I and Thesis II (Optional)	3 & 3			
ADVANCED CLINICAL PRACTICUM 7hrs					
SPA 591-01	Observation/ESY	1		Summer	
SPA 592-01	Articulation (Pre-req SPA 530)	1		Spring	
SPA 592-02	Diagnostics (Pre-req SPA 590)	1		Fall/Spring/Sum	
SPA 592-03	Hearing (Pre-req SPA 563)	1		Fall/Spring/Sum	
SPA 592-04	Language (Pre-req SPA 522 or 572)	1		Fall/Spring/Sum	
SPA 592-05	Organics (Pre-req SPA 572, 573, 550)	1		Fall/Spring/Sum	
SPA 592-06	Stuttering (Pre-req SPA 540)	1		Fall/Spring/Sum	
TOTAL SEMESTER HOURS REQUIRED		49/67	Hours	Earned	

Department Chair Approval _____

Date _____

Graduate School Action (See reverse for Graduation Clearance Notes)

_____ Approved _____ Disapproved

Dean: _____

Date _____

Name: _____

Street/Postal Address: _____

City/State/Zip Code: _____

GRADUATE SCHOOL USE ONLY - GRADUATION CLEARANCE

Graduation Cycle: _____ Exit Survey: _____ Final GPA: _____ Cleared: Yes No

If not cleared, state the reason: _____

"No" letter sent: _____

_____ Clear Pending: _____

SIS SCREENS: 110 111 206 136 118 119

Audited by/Date: _____