



Name: _____ Advisor: _____ Date of Program Start: _____

Undergraduate Program(s): _____

PREREQUISITE REVIEW

I. Basic Sciences: 27 credits minimum

ASHA Requirement	Min.	Course(s)	Institution	Credits
Statistics	1 course			
Biological Sciences	1 course			
Physical Sciences	1 course			
Behavioral Sciences	1 course			
Subtotal				

Human Communication Processes (15 credits)	Min.	MSU Equivalent	Course(s)	Institution	Credits
Anatomy and Physiology	1 course	CSD 213 (4) A&P Speech/Hearing Mech.			
Physical/ Psychophysical	1 course	CSD 303 (3) Fundamentals of Hearing			
	1 course	CSD 313 (3) Speech Science			
Linguistics/ Psycholinguistics	1 course	LIN 200 (3) Intro. to Language			
		LIN 401 (4) Intro. to Linguistics			
	1 course	CSD 333 (3) Oral Language Development			
	1 course	CSD 232 (2) Descriptive Phonetics			
Subtotal					

II. Professional Coursework: 10 credits minimum

Required (10 credits)	Min.	MSU Equivalent	Course(s)	Institution	Credits
Audiology	4 credits	CSD 444 (4) Audiological Assessment & Intervention/Rehabilitation			
		Audiological Assessment (min 2)			
		Aural Rehabilitation (min 2)			
Speech Disorders	1.5 credits Dx	CSD 364 (1.5 of 3) Eval. Procedures SLP			
	1.5 credits Tx	CSD 463 (1.5 of 3) Int./Rehab. Procedures SLP			
Language Disorders	1.5 credits Dx	CSD 364 (1.5 of 3) Eval. Procedures SLP			
	1.5 credits Tx	CSD 463 (1.5 of 3) Int./Rehab. Procedures SLP			
Subtotal					

Undergraduate Prerequisite Subtotal: _____
 (Add all three subtotals from Prerequisite Review sections I and II above)

III. Other CSD Coursework (Not Required)

Other (16 credits)	MSU Equivalent	Course(s)	Institution	Credits
Introduction to CSD	CSD 203 (3)			
Clinical Observation	CSD 391 (3)			
School-Based Services	CSD 483 (3)			
Independent Study	CSD 491 (1 to 4)			

IV. Clinical Observation

ASHA Requirement	Min. Hours	Course (if any)	Institution	Total Hours	Documentation Provided
Clinical Observation	25 Hours				

M.A. DEGREE INITIAL PLANNING/ADVISING (FALL 1)

Plan A: Thesis B: Non-Thesis

Fall 1

CSD 803
CSD 813
CAS 892-3
CSD 860

Spring 1

CSD 815
CSD 855
CSD 865
CSD 883
CSD 899 Thesis (1)

Summer

CSD 880
CSD 883
Elective_____

Fall 2

CAS 892-4
CSD 830
CSD 840
CSD 883
CSD 899 Thesis (3)

Spring 2

CSD 883
Elective_____

CSD 891 (3)

Comments:

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

M.A. DEGREE MID-PROGRAM UPDATE/ADVISING (FALL 2)

Plan A: Thesis B: Non-Thesis

Fall 1

CSD 803
CSD 813
CAS 892-3
CSD 860

Spring 1

CSD 815
CSD 855
CSD 865
CSD 883
CSD 899 Thesis (1)

Summer

CSD 880
CSD 883
Elective_____

Fall 2

CAS 892-4
CSD 830
CSD 840
CSD 883
CSD 899 Thesis (3)

Spring 2

CSD 883
Elective_____

CSD 891 (3)

Mid-program review of *Annual Progress Report for CSD M.A. Program* (with plans to complete goals) submitted to advisor.

Plan A: Thesis Update submitted to advisor and Committee Chair

Comments / Modifications to Plan:

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

M.A. DEGREE FINAL REVIEW/AUDIT (SPRING 2)

Required (45)	MSU Course	Semester	Credits
Speech Disorders	CSD 830 (3) Fluency Disorders		
	CSD 840 (3) Voice Disorders		
	CSD 855 (3) Dysphagia		
	CSD 860 (1.5 of 3) Artic and Phonology		
	CSD 865 (3) Motor Speech Disorders		
Language Disorders	CSD 815 (3) Acquired Language Dis.		
	CSD 820 (3) Language Assess./Int. (Early)		
	CSD 821 (3) Language Assess/Int (Later)		
	CSD 860 (1.5 of 3) Artic and Phonology		
Professional Issues	CSD 803 (3) Research Methods		
	CSD 880 (3) Clinical Proseminar		
Clinical Education	CSD 883 (12) Clinical Practicum		
		Subtotal	

Electives (Min. 6)	Semester	Credits
CSD 483 (3) School-Based SLP		
CSD 819 (3) Cognitive Disorders		
CSD 850 (3) Medical Aspects SLP		
CSD 888 (3) Counseling Comm. Dis.		
CSD 899 (6) Thesis		
		Subtotal

Graduate Credit Total: _____

(Add subtotals from Speech-Language Pathology M.A. Coursework Review)

M.A. DEGREE FINAL AUDIT/ADVISING

- Plan A: Thesis approval received; Theses Defense Date, or
- Plan B: Pass Departmental Written Final Examination Date: _____
- Plan B: Pass Departmental Oral Final Examination Date: _____

- Final review of *Annual Progress Report for CSD M.A. Program* submitted to advisor.

- Calipso *My Checklist* finalized, including:
 - Clinical Clock Hour Database,
 - Clinical Experience Record: Observation Hours, Clinical Clock Hours total
 - Cumulative Evaluation: ASHA "Big 9," Multicultural Aspects checklist, Linguistic Diversity checklist, Patient Population checklist
 - Clinical Performance Summary: Final supervisor ratings, average rating, patient populations, supervisors and site names; and
 - KASA Summary, including *course* checklist

- Alumni contact information provided to advisor; submit self-addressed envelope.
Verification of degree

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____