**Program of Graduate Studies (PGS)**

Department of Educational and Counselling Psychology, and Special Education

This form must be submitted for all graduate students by the end of the first term of their program in the department, indicating the coursework to be completed in their chosen degree program. The Program Advisor must sign the form verifying approval of the proposed coursework prior to submission. All submitted PGS forms are then reviewed by the ECPS Director of Graduate Programs whose signature indicates departmental approval of the proposed plan of study. The approved PGS form is the formal statement of the student program requirements and is used to evaluate student progress and to assess completion of degree coursework requirements. All changes to the PGS must be submitted in writing showing approval of your Program Advisor prior to Departmental approval.

Name (Last, First):

Student Number: Program Start Date: **September 2019**

Area of Specialization: **HDLC (SEL Concentration)** Degree: **MEd (Master of Education)**

Program Advisor:

**Program Courses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Credits** | | **Completed** | **Course** | **Credits** | **Completed** |
| **Course Prerequisite** | | | | **Electives (12 credits in 500 or 600 level courses, selected in consultation with, and approved by your advisor).** | | |
| EPSE 483 | | 3 |  |  | 3 |  |
| **HDLC Content Requirements (9 credits)** | | | |  | 3 |  |
| EPSE 501 | 3 | |  |  | 3 |  |
| EPSE 503 | 3 | |  |  | 3 |  |
| EPSE 505 | 3 | |  |  |  |  |
| **SEL Concentration Requirements (6 credits)** | | | |  |  |  |
| EPSE 585 | 3 | |  |  |  |  |
| EPSE 561H\* | 3 | |  | **Graduating Paper / Seminar Requirement: (3 credits)** | | |
|  |  | |  | EPSE 590 | 3 |  |

\* Prerequisite is EPSE 585

*Minimum 30 credits required to graduate.*

*Additional courses may be required by the Program Advisor.*

|  |  |  |  |
| --- | --- | --- | --- |
| **PGS Approval** | Name | **Date** | **Signature** |
| Program Advisor |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Graduate Coordinator |  |  |  |

**Changes to approved program (submitted in writing with appropriate signatures)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Add Course** | **Credit** | **Date** | **Director of Graduate Programs Approval** | **Delete Course** | **Credit** | **Date** | **Director of Graduate Programs Approval** |
|  |  |  |  |  |  |  |  |

**I have read and agree to follow this Program of Graduate Studies.**

Signature (student) Date

Updated February 15, 2018