

**San Francisco State University  
CERTIFICATE APPROVED PROGRAM**

Updated 3/16

Date: \_\_\_\_\_ Student ID No. \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

City State Zip

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

Phone Number: \_\_\_\_\_

Accepted to <b>Augmentative and Alternative Communication</b> Certificate Program
<b>Admission reviewed and approved by:</b>
_____
<b>Yvonne Bui, Graduate College of Education</b>
<b>Effective Term:</b> _____ <b>Date:</b> _____
<b>Graduate</b> <input type="checkbox"/>

**All requirements must be completed within 7 years from the start of the term of the earliest course listed below**

Dept. and Course No.	Course Title	Units Required	Units Completed	Term Registered	Institution (if transfer)	Grade
<b>Option 1: Program Requirements for Classified Graduate Students in Communicative Disorders:</b>						
SPED 743	Issues in Augmentative and Alternative Communication	3	3			
C D 880	Advanced Communication Therapy	2	2			
C D 713	Seminar in Therapy for Organic Communicative Disorders	1	1			
SPED 746	Teaching Individuals with Physical and Other Health Impairments	3	3			
C D 881	Internships in Communicative Disorders I	3	3			
<b>Option 2: Program Requirements for all remaining Candidates:</b>						
SPED 743	Issues in Augmentative and Alternative Communication	3	3			
SPED 601	Observation and Participation in Special Education	1-3				
SPED 746	Teaching Individuals with Physical and Other Health Impairments	3	3			
C D 881	Internships in Communicative Disorders I	3	3			
<b>Total for entire program</b>		<b>12</b>				

The student has demonstrated, in accordance with university policy, an appropriate level of writing competency in the following manner (required):

Written examination prepared by program area

Other, specify: \_\_\_\_\_

Other requirements/Approved Substitutions (specify): \_\_\_\_\_

**Program/Department Chair** (required): \_\_\_\_\_

Type/Print Last Name

Signature

Date

**Dean of Graduate Studies:**

Signature

Date

[Type text]

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