SAN FRANCISCO STATE UNIVERSITY
Division of Graduate Studies

CERTIFICATE APPROVED PROGRAM

Submission Process Notes:

1. **CAP forms are due by December 15 for Fall or June 15 for Spring or August 15 for summer award of certificate. Late submission will cause a delay of award of certificate or you may be considered for the next term.**
2. Paper certificate will be mailed to your mailing address on record. For instructions to update your mailing address, please visit https://cms.sfsu.edu/content/student-center
3. Pay for the CAP form through the Gateway- Student Center. Instructions to pay online can be found here: https://grad.sfsu.edu/content/pay-graduate-fees-online

Date: _____ Student ID No. _____

Name: _____
Last First
Middle

Email Address: _____

Phone: _____

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

Accepted to **Augmentative and Alternative Communication** Certificate Program

Admission reviewed and approved by:

Yvonne Bui, Graduate College of Education

Effective Term: _____ **Date:** _____

Graduate ☐

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

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

Division of Graduate Studies:

_____ _____
Signature Date

Please attach a proof For payment of fee