

COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT, UNIVERSITY OF MINNESOTA
Master of Education Program

Name _____ Local Address _____ Phone _____
 Undergraduate Degree _____ School _____ Degree _____ Year _____ Admission Date _____ Expected Grad. Date _____
 Major _____ Special Education _____ Advisor _____ Student ID # _____ Email _____

Dept.	Course #	Title	Cr.		Grade	Sem.	Yr.	Other*	Related Field Courses (min. 12 semester credits) (NOT EPsy 56xx & 57xx)		Cr.	Grade	Sem.	Yr.	Other*
			Q	S					Dept.	Course #					
EPsy	5613														
EPsy	5614														
EPsy	5991	Integrat. Paper		2											
Credit Totals															

Maximum Allowances _____
 40% of coursework taken prior to admission to Med. _____
 12 (Q)cr / 8 (S)cr. from other institutions including those taken prior to admission. _____
 Transfer credits must be indicated as such in "other" column. _____
 Petition requesting transfer of credits and official transcripts must be attached to transfer courses from another institution. _____
 M.Ed. Student (Signature) _____
 Advisor (Signature) _____
 Program Area Representative _____