

**COLLEGE OF THE MARSHALL ISLANDS**  
**Certificate of Completion in Special Education**  
**Program Sheet – Effective Spring 2019**

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

**Date of Birth** \_\_\_\_\_ **Matriculation** \_\_\_\_\_ **Student ID #** \_\_\_\_\_

**Contact #** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**ASEE or AA Degree:** \_\_\_\_\_ **Completion Date ASEE or AA:** \_\_\_\_\_

**Accredited Institution:** \_\_\_\_\_

This certificate is awarded in conjunction with or completion of the following:

Option 1: Associate degree from CMI.

Requirements	Term	Grade	Credits Earned
ASL 101 American Sign Language I (4)	_____	_____	_____
ASL 102 American Sign Language II (4)	_____	_____	_____
SPED 260: Introduction to Special Education (3)	_____	_____	_____
SPED 261: Introduction to Exceptionalities (3)	_____	_____	_____
EDU 296: Teaching Practicum (12)	_____	_____	_____
<b>Certificate Total</b>		<b><u>26 Credits</u></b>	_____

Option 2. Associate or higher level degree from an accredited institution will be evaluated on a case-by-case basis

Approved: September 17, 2018