



UTHSCSA
 Mail Code 7702
 Allied Health Admissions
 7703 Floyd Curl Drive
 San Antonio, TX 78229-3900
 (210) 567-2660

Prerequisite/Course Exemption/Transfer Credit Form

NAME _____ E-mail _____

ADDRESS _____

PHONE: Home _____ Work _____ Mobile _____

Applicants may be exempted from a graduate course or prerequisite course by taking the final examination for a course, and earning a B or better. All requests must be submitted at the time of application into the MDEHS program. No more than six hours of the 36 credit hour master's degree may be exempted in order to insure that you graduate with the latest information on working with children with hearing loss.

Graduate coursework may be exempted from the following list:

	Relevant Course #/Title*	Grade/University	Semester/Year
_____	Foundations of Education of the Hearing Impaired	_____	_____
_____	Research and Statistics	_____	_____
_____	American Sign Language and other Sign Systems	_____	_____
_____	Introduction to Audiology	_____	_____

Select the courses for which you believe you have background and fill in the information above. For each course, attach the course description from the catalog of the university attended. With proof of preparation attached, you will be scheduled for the final examination in that course.

The following undergraduate courses are prerequisites for the program.

	Relevant Course #/Title	Grade/University	Semester/Year
_____	Basic Statistics	_____	_____
_____	Principles of Learning and Classroom Management	_____	_____
_____	Introduction to Exceptionality	_____	_____
_____	Language and Cognitive Development and Dysfunction	_____	_____
_____	Early Literacy Learning EC-4	_____	_____
_____	Reading Comprehension EC-4	_____	_____

Select the courses for which you believe you have background and fill in the information above. For each course attach the course description from the catalog of the university attended. Any course for which you cannot provide evidence will have to be taken prior to graduate level work in the same domain.

Please accept the coursework selected above for exemption from the prerequisites and graduate coursework in MDEHS.

Signature of Applicant _____ Date _____

For DEHS Office Use Only:

Approved Courses: _____

Denied Courses: _____

Signature of DEHS Staff _____ Date _____