



**Master of Science in Applied Behavior Analysis (30 S.H.)**

Name: Phone: Date:

Address: E-mail:

**Print**

**Save**

|  |  |  |
| --- | --- | --- |
| **Required Courses 30 S.H. *(you must earn a grade of a “B” or better in each course for the course to count towards earning degree)*** | | |
| EPY 651 Assistive Technology for Applied Behavior Analysis | 3 |  |
| EPY 652 Grant Writing in Applied Behavior Analysis | 2 |  |
| EPY 653 Capstone in Applied Behavior Analysis \* | 3 |  |
| EPY 655 Introduction to Concepts and Principles of Behavior Analysis | 3 |  |
| EPY 656 Behavior Assessment | 4 |  |
| EPY 657 Behavior Change Procedures | 4 |  |
| EPY 658 Advanced Concepts and Principles of Behavior Analysis | 4 |  |
| EPY 659 Methods and Measurement in Applied Behavior Analysis | 4 |  |
| EPY 660 Ethics and Professional Issues | 3 |  |

\* *prerequisite – all courses need to be successfully completed with a “B” grade or better*

**NOTES:**

Changes in this schedule can be made only with the Program Coordinator’s approval. The admissions requirements have been explained to me and I understand it is my obligation to read the Graduate Catalog and other documents supplied by the Program Coordinator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student Signature Date Coordinator Signature Date 11/21*