

**SOUTHERN CONNECTICUT STATE UNIVERSITY**  
 PLANNED PROGRAM OF GRADUATE STUDY

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 SS Number: \_\_\_\_\_

- Master's Degree Only
- Master's Degree and Certification
- Master's Degree and Cross Endorsement
- Certification Only
- Cross Endorsement Only

**MASTER OF SCIENCE**  
**SCHOOL HEALTH EDUCATION**

Area Of Specialization	Credits	PREREQUISITES:	Credits
* SHE 302 Mental Health Education (3)		* Advanced First Aid (or competency)	
* SHE 500 Health and Society (3)		SUBTOTAL	
* SHE 505 School Health Education Foundations (3)			
* SHE 511 School Health Nutrition Institute (3)			
* SHE 547 Drug Prevention Education Institute (3)		PREREQUISITES (SECONDARY ENDORSEMENT)	
* SHE 552 School Health Intervention (3)		* EDU 300 Student Teaching I (3)	
* SHE 556 Methods of Planning & Evaluation in Sch. Health Ed. (3)		* EDU 400 Student Teaching II (3)	
* SHE 558 Group Process in School Health (3)		* SED 481 or 482 Teaching Exceptional Students (3)	
* SHE 561 Sex Education (3)		SUBTOTAL	
* SHE 578 Love in Health (3)		EDUCATIONAL FOUNDATIONS (elect by advisement)	
* SHE 579 Holistic Health Institute (3)			
ÿ SHE 554 Research Techniques (3)		SUBTOTAL	
ÿ SHE 560 Curriculum Development in Health Education (3)		LIBERAL ARTS COGNATE (elect by advisement)	
ÿ SHE 594 Special Project Seminar (3)			
SHE 530 International School Health Education (6)			
SHE 590 Thesis Seminar (6)		SUBTOTAL	
SHE 600 Independent Study (3)		TOTAL CREDITS IN PROGRAM	
IDS 589 Enhancement of Learning through Humor (3)		<input type="checkbox"/> THESIS <input type="checkbox"/> SPECIAL PROJECT (Practicum)	

ÿ Denotes departmental requirement. \* Denotes certification requirement.

PRAXIS I    PASSED    WAIVED   DATE: \_\_\_\_\_

PRAXIS II    PASSED    WAIVED   DATE: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Chair School Health: \_\_\_\_\_ Date: \_\_\_\_\_

Dir. of Student Teaching: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean or  
 Dean of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Office Use Only  
 Master's degree requirements must be completed by: