

ROSEMONT COLLEGE

Hearing Impaired Certification

2005-2006

Student's Name: _____ Advisor's Name: _____ Start Date: _____

REQUIRED SUBJECTS (Suggested Course Sequence)

Primary Certification Field _____ Date Received _____

Requirements for Hearing Impaired Certification

		<u>Credits</u>	<u>Date Taken</u>	
___ ASL-0150	American Sign Language I	_____	_____	Grade ___
___ ASL-0151	American Sign Language II	_____	_____	Grade ___
___ COM-0320	Linguistics of Communication	_____	_____	Grade ___
___ EDU-0435	Deafness/Disabilities	_____	_____	Grade ___

Must be taken in addition to another Certification

Credits Taken to Date: _____ Credits Remaining: _____

Evaluated by: _____ Date: _____