Sacramento State – College of Education

MODERATE/SEVERE PROGRAM ADVISEMENT

Name: _____ Sac State ID#: _____

Address: _____

Phone# (Home): _____ Phone (Work): _____

Email: _____ Advisor: _____

COURSEWORK & FIELD WORK REQUIREMENTS

Prerequisites		Units	Date Completed or Anticipated	Equivalency
EDS 100 A/B		2/1		
EDS 130 A/B		2/1		
Preliminary				
EDS 119		3		
EDS 205		3		
EDS 206		3		
EDS 207		3		
EDS 208		3		
EDS 209		3		
EDS 216 A/B		2/1		
EDS 218		3		
EDS 220		3		
EDS 221		3		

Preliminary		Units	Date Completed or Anticipated	Equivalency
EDS 230 A/B		2/1		
EDS 235		2		
EDS 236		1		
EDS 292 A/B		2/1		
EDS 414		3		
EDS 415		5		
Multiple Subject Option				
EDS 214 A/B		2/1		
EDS 215 A/B		2/1		
EDBM 170		3		
ED 300B		2		
EDTE 317		2		
EDS 332		3		
EDS 420B		5-7		

_____ _____ Initial Advisement Plan Approved
Advisor's Signature Date

_____ _____ Initial Student Teaching
Advisor's Signature Date

_____ _____ Final Student Teaching
Advisor's Signature Date

Verification of Completion of Program – ALL REQUIREMENTS MET: (Advisor's final approval)

_____ _____
Faculty Advisor's Signature Date