



DEPARTMENT OF SPECIAL EDUCATION
AND REHABILITATION
College of Education and Human Services
2865 Old Main Hill
Logan UT 84322-2865

**Early Childhood (birth to three) Special Education Minor
Application Form**

Name _____ A # _____

Address _____ (Include Apt #, City, Zip)

Phone _____ Cell _____ HDFS Advisor _____

Email address _____

1. Have you been admitted to the HDFS major? _____ Date? _____

HDFS Advisor Signature _____ Date _____ GPA _____

2. Expected graduation date _____

3. Please explain your interest in the minor by listing any past experiences with young children with disabilities and their families and future career plans related to this minor. (If you prefer, you can attach a separate sheet)

4. Indicate which semester/year you plan on taking these classes (example Fall 2021)

Year One Fall Term

SPED 4000 _____ SPED 5010 _____

Year One Spring Term

COMD 3200 _____

Year Two Fall Term

SPED 5710 _____ SPED 5810 _____ SPED 5880 _____

Year Two Spring Term

SPED 5920 _____