

STOCKTON UNIVERSITY
School of Health Sciences
Master of Science in Communication Disorder (MSCD) Program
PLAN OF STUDY
(as of 9/1/23)

Student Name: _____ **Z#:** _____ **Preceptor:** _____

FALL 1	CREDITS	TERM COMPLETED	GRADE
CMDS 5125 Advanced Clinical Methods	3		
CMDS 5901 Clinical Methods Application	2		
CMDS 5110 Neurological Bases of Communication Disorders	3		
CMDS 5120 Language Disorders in Young Children	2		
CMDS 5620 Language Disorders in Young Children Application	1		
CMDS 5310 Speech Sound Disorders	3		
CMDS 6110 Research in Communication Disorders	2		
CMDS 6610 Research in Communication Disorders Application	1		
Module I in Social Justice Issues	0		N/A

Total Number of Observation Hours Completed: _____ Portfolio Started: Yes No

Total Number of Clinical Hours Completed: _____ Date Reviewed: _____

Preceptor Notes: _____

Students: A Minimum of 6 elective credits are required for graduation.

MSCD Plan of Study

Student: _____

SPRING 1	CREDITS	TERM COMPLETED	GRADE
CMDS 5220 Language Disorders in School-Aged Children & Adolescents	2		
CMDS 5621 Language Disorders in School-Aged Children & Adolescents Application	1		
CMDS 5410 Diagnostic Methods	3		
CMDS 5905 Diagnostic Methods Application	2		
CMDS 6210 Acquired Adult Language Disorders	3		
CMDS 6430 Dysphagia	3		
Module II in Social Justice Issues	0		N/A
ELECTIVE (with permission of preceptor)			
PRACTICUM I (Spring or Summer)	2		

Total Number of Clinical Hours Completed: _____ Date Reviewed: _____

Date of Portfolio Review: _____

Preceptor Notes: _____

SUMMER 1	CREDITS	TERM COMPLETED	GRADE
CMDS 5420 Clinical Audiology for SLPs	3		
CMDS 6450 Advanced Cultural and Linguistic Diversity Issues in Communication Disorders	2		
CMDS 6440 Motor Speech	3		
ELECTIVE			
ELECTIVE			
PRACTICUM I (Spring or Summer)	2		

Total Number of Clinical Hours Completed: _____ Date Reviewed: _____

MSCD Plan of Study

Student: _____

FALL 2	CREDITS	TERM COMPLETED	GRADE
CMDS 6460 Communication & Feeding Disorders in Special Populations	3		
Module III in Social Justice Issues	0		N/A
ELECTIVE			
ELECTIVE			
PRACTICUM II	3		

Total Number of Clinical Hours Completed: _____ Date Reviewed: _____

Date of Portfolio Review: _____

Preceptor Notes: _____

SPRING 2	CREDITS	TERM COMPLETED	GRADE
CMDS 5230 Augmentative and Alternative Communication	3		
CMDS 5455 Disorders of Voice & Fluency	3		
CMDS 6600 Communication Disorders Capstone	1		
ELECTIVE			
PRACTICUM III	3		

Total Number of Clinical Hours Completed: _____ Date of Portfolio Review: _____

Total Number of Credits Completed: _____ Date Reviewed: _____

Preceptor Notes: _____

Preceptor's Signature: _____

Final Review Date: _____

Submit a signed copy to Program Chair when completed.