

**Sign Language and Deaf Culture Certificate**  
Department of Special and Early Childhood Education  
University of Wisconsin Oshkosh

Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Program Course Requirements**

<b>Course Number</b>	<b>Course Name</b>	<b>Transfer</b>	<b>Semester</b>	<b>Grade</b>
Spec Ed 202	American Sign Language I			
Spec Ed 303	American Sign Language II			
Spec Ed 404	American Sign Language III			
Spec Ed 405	Manual Communication Systems			
Spec Ed 407	Deaf Culture			

**Certificate Completed:** \_\_\_\_\_