

## MS/MED Cohort Agreement (Special Ed and Higher Ed)

Name:					
	Last		First		M.I.
Address:					
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Program:	Special Ed		Higher	Ed	
Semester Starting the Program: Fall		Fall	Spring	S	ummer
			Year		
Cohort Agreement					
In order to be eligible for the special cohort rate (\$325 per credit hour) for the program noted above, I acknowledge that I am expected to complete the courses in a prescribed sequence and agree to do so (fall, spring, and summer). All courses are offered online. Both programs have a fieldwork or internship component (For special education, this must be completed in Virginia).					
Signature:			_		
Date:			_		

Please return this form to <u>COEdiscount@marybaldwin.edu</u> or the fax number below.