



Specialist in Education Program Form

(Complete this form, sign it, and send it to your graduate advisor)

Graduate Advisor (will be assigned)

MSU ID#: M

Name: _____ Date: _____

Mailing Address: _____ Work Phone: _____

_____ Home Phone: _____

E-mail Address: _____ Cell Phone: _____

Baccalaureate Degree: _____ Major: _____ Minor: _____

Granting Institution: _____ Date Granted: _____

Graduate curriculum you propose to follow:

Program for the Specialist in Education Degree (15 hours):

EDP 675 Advanced Educational Psychology 3

EDU 798 Specialty Study 6

SELECT CURRICULUM COURSE 3

SELECT A COURSE

_____ 3

_____ 3

***Courses approved by the Student Specialist Committee (15 hours):**

_____ 3

_____ 3

_____ 3

_____ 3

_____ 3

TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

I acknowledge that the information on this form reflects the requirements as listed on the approved program guidesheet and all requirements outlined in the *Graduate Bulletin*.

Applicant's Signature _____

Do not write below this line _____

A P P R O V E D	<input type="checkbox"/>	D I S A P P R O V E D	<input type="checkbox"/>	Departmental Graduate Advisor _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	Department Chair _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Graduate Coordinator _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Dean _____	Date _____

For Graduate Admissions	Processed by _____	Date _____
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