



# Certification program

College of Education, 3201 Alexander Hall, Murray, KY 42071-3340  
 (Complete this form, sign it, and send it to your graduate advisor)

Graduate Advisor (will be assigned)

Murray State "M" Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle/Maiden

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Master's Degree/Rank II Held: \_\_\_\_\_

Granting Institution: \_\_\_\_\_ Date Granted: \_\_\_\_\_

Specific Objective of Certification Program: **Endorsement: Individual Intellectual Assessment**

## Certification Program:

Course Prefix & No.	Course Title	Semester Hours	Grade
CNS 677	Psychoeducational Assessment & Consultation	3	
CNS 683	Tests and Measurements	3	
CNS 689	Individual Testing	3	
CNS 690	Advanced Individual Testing	3	
CNS 790	Practicum	3	

If transfer credit is included in this program (limit of 12 hours), list the class(es) as it appears on the other school's transcript and the initials of the school at the end of the name of the class. In ( ) at end of line list the MSU course replaced (if any).

Applicant's Signature \_\_\_\_\_

Do not write below this line

APPROVED	<input type="checkbox"/>	DISAPPROVED	<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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