



Certification Program

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

Graduate Advisor (will be assigned)

MSU ID#: M

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: School Safety Endorsement

Courses to be completed in earning the certification:

Course Prefix & No.	Course Title	Semester Hours	Grade
<u>ADM 675</u>	<u>Intro.To Altern. Ed. Settings</u>	<u>3</u>	_____
<u>ADM 677</u>	<u>Crisis Mgt. in Ed. Settings</u>	<u>3</u>	_____
<u>GUI 687</u>	<u>Intro. To Guidance</u>	<u>3</u>	_____
<u>Click here to select one: SED 606 or SED 651 or EDU 631</u>		<u>3</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

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

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	<i>Processed by</i>	<i>Date</i>
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