



Certification Program

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

Graduate Advisor (will be assigned)

MSU ID#: _____

Name: _____

Date: _____

Mailing Address: _____

Primary Phone: _____

E-mail Address: _____

Graduate Curriculum you propose to follow: Endorsement: Individual Intellectual Assessment (IIA) _____

Courses to be completed in earning the master's degree:

Catalog Year: _____

Course Prefix & No.	Course Title	Instructor	Semester Hours	Grade
CNS 677	Instructional Assessment and Intervention		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 _____

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

Do not write below this line

Comprehensive Exam Required? Yes No Portfolio Required? Yes No

Departmental Graduate Advisor Approval _____ Date _____

Department Chair Approval _____ Date _____

College Graduate Coordinator Approval _____ Date _____

College Dean Approval _____ Date _____

For Graduation Office	Processed by	Date
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Please return completed form to the Graduation Office, 113 Sparks Hall.

msu.graduation@murraystate.edu