Plan of Study for the Educational Specialist Degree

Student name: _____
(Last Name, First Name)

Mizzou ID number:_____ Degree: Educational Specialist **(EdSp)**__

Academic program: _____ Major:_____

Program address:_____ Emphasis area:_____
(If applicable)

Anticipated graduation date:_____ Graduate minor:_____
Term (fall, spring, summer), Year *(If applicable)*

Graduate certificate:_____
(If applicable)

Schools attended and degrees received: _____

_____

LIST ONLY COURSES REQUIRED FOR THE DEGREE. When requesting transfer credits, indicate where these courses were taken, the correct titles and course numbers, and provide the Graduate School with official transcripts. Any graduate-level transfer credit to be applied to the educational specialist degree must have been taken at an institution offering educational specialist or doctoral degrees.

Course #	Title	Hrs	Term	Grade

Total hours _____ (30 min.) 8000-Level hours _____ (15 min.) Educ hours _____ (15 min.) Prblms, Rdngs & Rsrch hours _____ (max allowed is 40% of total credits)

The plan of study is approved as stated. Subsequent changes must be reported on a Plan of Study Course Substitution form.

_____ _____
Student's signature Date Adviser's signature Date

_____ _____
Director of grad studies' signature Date Committee member's signature Date

_____ _____
Graduate dean's signature Date Committee member's signature Date