

Name:		UF ID#	
Local Address:	Street & Apartment #	Phone:	AC
	City State Zip		
Permanent Address:	Street & Apartment #	Phone:	AC
	City State Zip		
Email Address:		Program Area:	

LIST BELOW MASTERS COURSES TO BE USED FOR SPECIALIST PROGRAM

Dept & Course #	Title of Course (Abbreviate as Needed)	Smstr Hrs	Institution (Abbreviate as Needed)	Yr & Term Taken	Grade Rec'd

Student Signature _____ Date _____

APPROVED: Advisor _____ Date _____ Graduate Coordinator _____ Date _____

LIST BELOW COURSES TO BE USED FOR SPECIALIST PROGRAM

Dept & Course #	Title of Course (Abbreviate as Needed)	Smstr Hrs	Institution (Abbreviate as Needed)	Yr & Term Taken	Grade Rec'd
	<u>RESEARCH METHODS</u> (min. of 3 hrs)				
	<u>CURRICULUM/FOUNDATIONS/ GRADUATE SEMINAR</u> (min. of 9 hrs)				
	<u>AREA OF SPECIALIZATION</u> (12 – 19 hrs)				
	<u>SUPERVISED RESEARCH (5)</u>				
EDG 6910	Supervised Research				
	<u>SPECIALIST EXAM DATE:</u>				
	<u>SPECIALIST DEFENSE DATE:</u>				
	<u>SPECIALIST COMMITTEE: (MIN. OF 3)</u>				

Student Signature _____

Date _____

APPROVED: Advisor _____

Date _____

Graduate Coordinator _____

Date _____