



TRAINEESHIP PROGRAM OF STUDY
DEPARTMENT OF PUBLIC INSTRUCTION
OFFICE OF SPECIAL EDUCATION
SFN 53155 (02/2017)

Program of Study

| | | | |
|------------------------|----|------------|-------------------|
| First Name | MI | Last Name | Maiden Name |
| Special Education Area | | University | Indicate Semester |

INSTRUCTIONS

1. Please list the courses the student will register for this semester.
2. List only the courses required for a Special Education Endorsement or area of Special Education.
3. Do not include additional coursework required for a Master's Degree.

| Course Number | Course Name | Number of Credit Hours | Term |
|---------------|-------------|------------------------|------|
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| | | | |

I verify the student named above is enrolled in the program indicated and I have advised him/her to enroll in the above stated courses for the upcoming semester.

| | |
|--------------------|------|
| Print Advisor Name | Date |
| Advisor Signature | |

Please Note: All sections above must be completed. Program of Study Form must be signed by applicant's Advisor.