



## TRAINEESHIP PROGRAM OF STUDY

DEPARTMENT OF PUBLIC INSTRUCTION

SPECIALLY DESIGNED SERVICES

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

*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.