TRAINEESHIP PROGRAM OF STUDY

DEPARTMENT OF PUBLIC INSTRUCTION
SPECIALLY DESIGNED SERVICES
SFN 53155 (02/2026)

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.