FLORIDA STATE UNIVERSITY **COLLEGE OF EDUCATION**

Program of Study - Specialist's Degree Form Fields Must Be Typed Authenticated Digital Signatures Required.

Name:				EMPLID:					
Mobile Phone:				Current FSU Student Email:					
Department:				Major/Academic Plan:					
Degrees Earned									
Institution:		Degree:	Date:	Date:		Major:			
Institution:		Degree:	Date:	Date:		Major:			
Thesis-Track*		Yes	No [
G	raduate Courses	To Be Successfully	Complete	ed For S	pecialis	st's Degree			
Prefix and No.	Course Name		Semes Hours		Year and Semester Taken (List in chronological order, past to present)				
		sive Exam, Portfolio lone* (If not applicable, in y Type "NA" in the credi	your program,			* Must register for Exam if required by program.			
	Thesis De	efense (if not applicable, le				** Must register for Defense			
			Subtotal						

FSU Non-Degree Seeking Student Coursework** (Only 12 hours may be used – Grade must be a "B" or better in order to be used towards the degree.)

Prefix and No.	Course Name		Semester Hours	(List in	and Semester Taken chronological order, present)	
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				1		
	Subt	otel				
approved without a	Transfer Courses (Only 6 Hour ade must be a "B" or better to be eligible for tran n official transcript submitted to the University. NOTE: No student may be awarded more than 12 lit.	sfer cro Fransfe	edit approval. T er credit require	s approval	of the University	
Prefix and No.	Course Name		Semester Hours	Year Semester Taken (List in chronological order, past to present)		
		total				
	Semester in Which Graduation is Plant	ned:				
N. D.	Total Graduate Hours + Exam or T					
Non-Degree Seeking Student Internal Transfer Cro Total Transfer Cro						
	Final 7					
members, including t from the major depar	Degree: Approval of major professor required. Addit	te Facul h the stu	ty Status (GFS) ident will receive	a degree.	Γhe third member may be	
Committee Members (Signed and Typed)			rtment/Major	•	Directive Status	
(Co-)Major Profess	sor:				GFS	
Typed Name:		1		1		
(Co-)Major Professor or Member:					GFS	
Typed Name:						
Member:					GFS 🗌	
Typed Name:						
Student Signature:		I	Date:			
Department Chair:		I	Date:			
Academic Dean:			Date:			