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Plan of Study for the Educational Specialist Degree

Student name:	(Last Na	ume, First Name)					
Mizzou ID number:			nal Spec	cialis	st (Ed	lSp)	
Academic program:							
Program address:		_ Emphasis area:					
Anticipated graduation date:			(If applicable) Graduate minor:				
Term (fall, spring, summer), Year			(If applicable)				
			uble)				
Schools attended and degrees received: _							
LIST ONLY COURSES REQUIRED FOR T were taken, the correct titles and course numb transfer credit to be applied to the educationa specialist or doctoral degrees.	pers, and provide	the Graduate School with o	fficial transc	cripts. A	ny gradu	ate-level	
Course #	Title			Hrs	Term	Grade	
Total hours 8000-Level hours	(15 min.)	uc hours Prblr (15 min.)	ns, Rdngs o (max allow				
The plan of study is approved as stated. Subse	equent changes r	must be reported on a Plan of	f Study Cou	rse Subs	stitution f	orm.	
Student's signature	Date	Adviser's signature			Date		
Director of grad studies' signature	Date	Committee member's	signature		Date		
Graduate dean's signature	Date	Committee member's	signature		Date		