

College of Education
Education Specialist Program of Studies and Candidacy Form

Name: **U-Number:**

Address: **Email:**

City: **Phone:**
 (H) () -
State: **Zip Code:** (W) () -

Degree Information

Prior Degree	Major	Minor	Institution	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>MM/YY</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>MM/YY</i>

Degree **Department and Area of Emphasis**
 Desired: Ed.S. Major: Education

Admissions Information

GRE Scores: **Verbal** **Quantitative**

Date Admitted to **Master's GPA:**
Department:

Program Target Dates

Proposed Dates of Completion	Semester Year	Course Work	Comprehensive Exam	Culminating Experience
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<i>YYYY</i>	<i>YYYY</i>	<i>YYYY</i>

Signatures:

	Date	Committee Members:	Date
Chair:	_____	_____	_____
Dept. Chair:	_____	_____	_____
Associate Dean of Graduate Studies:	_____	_____	_____

