



**Main Campus**  
University Hall Room 3240  
Mail Stop 933

**Description:** The Plan of Study serves two main purposes. By defining a student's course of study, it provides focus and direction to his or her graduate degree program and it constitutes an agreement that successful completion of the proposed course of study and the general degree requirements will result in the awarding of the degree. Each student working for a degree is required to file a Plan of Study with the College of Graduate Studies prior to the completion of 12 credit hours. This plan must be approved by the Advisor, the Chairman or Program Director and the Associate College Dean before being submitted to the College of Graduate Studies. It is understood that the first "Plan of Study" filed by a student may be subject to change as he/she progresses. However, it is the student's responsibility to notify the College of Graduate Studies of any changes to an approved plan of study. According to the University of Toledo General Catalog, it is the policy that credit applied towards the education specialist degree must have been earned within the period of six years immediately preceding the time the degree is awarded.

1. List all credits earned or to be earned that you would like to apply toward fulfillment of the Education Specialist degree requirements.
2. Under "Course Alphanumeric Code," give department and course number as they were taken or are to be taken. Give the course title in the second column. Enter term and grade information as appropriate.
3. Complete the "Credits" column for all courses listed.
4. Obtain all required signatures and forward to the College of Graduate Studies for final approval.
5. If there are significant changes, a new "Plan of Study" should be completed. If there are minimal changes, a "Plan of Study Course Substitution" form may be used.

[illegible]

<b>Program Total</b>					

**Additional program degree requirements** (please check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Field Experience             | <input type="checkbox"/> Seminar                      |
| <input type="checkbox"/> Project                      | <input type="checkbox"/> Internship                   |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Other (please specify) _____ |

**Meets requirements of Catalog/Year** \_\_\_\_\_

**Comments/Notes/Justification Regarding Transfer and/or Substituted Courses**

**General Approvals:**

_____ Student (printed or typed)	_____ Signature	_____ Date
_____ Advisor (printed or typed)	_____ Signature	_____ Date
_____ Chairman or Program Director (printed or typed)	_____ Signature	_____ Date
_____ Associate Dean, Degree Program (printed or typed)	_____ Signature	_____ Date
_____ Dean or Senior Associate Dean, Graduate College (printed or typed)	_____ Signature	_____ Date