□ **Original Submission** **Date** _____
□ **Amended** **Date** _____

RETURN TO: **College of Graduate Studies**

Main Campus
University Hall Room 3240
Mail Stop 933

Plan of Study for the Educational Specialist Degree

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.

Instructions:

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.

Last Name: _____ First Name: _____ MI: _____

Rocket ID: _____ First Semester Enrolled (term/year):_____

College:_____ Degree:_____ Major:_____

Time Limitation for Degree (term/year): _____ Expected Graduation (term/year): _____

List all graduate courses required for the degree

Course Alphanumeric Code	Course Title	Term	Grade	# of Credits	Graduate College use only

				Program Total	

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

- ☐ Field Experience
- ☐ Project
- ☐ Other (please specify) _____
- ☐ Other (please specify) _____
- ☐ Seminar
- ☐ Internship
- ☐ Other (please specify) _____
- ☐ 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