



GRADUATE SCHOOL PLAN OF STUDY FOR POST-MASTER'S CERTIFICATION FOR DIRECTOR OF SPECIAL EDUCATION

NAME	UID NO.	DATE DEGREE EXPECTED
ADDRESS	EMAIL	WORK PHONE HOME PHONE
MAJOR SPECIAL EDUCATION	SEQUENCE POST-MASTER'S CERTIFICATION FOR DIRECTOR OF SPECIAL EDUCATION	
<input type="checkbox"/> Certification Exam Passed		

TRANSFER COURSES

University	Course number and Title	Sem Credit Hours	Grade	When taken
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ISU GRADUATE COURSES

Dept. No. and Course No.	Course Title	Sem Hrs.	Grade	Sem/Yr
	Required Coursework			
591/447	Admin. Special Ed. Programs	3		
591/502	Spec. Ed. Policy and Law	3		
591/540	Contemporary Topics in SED	3		
591/513	Program Evaluation	3		
591/517	SED Directorship	3		
591/598.03	Professional Practice in Program Admin.			
591/593.03	Computer Applications in SED	1		
590/465	Human and Fiscal Resources	3		
590/478	Legal Bases of Pub.Edu.	3		
591/422	Teaching Diverse Learners	3		
591/410	Edl. Assessmt Indiv.Disab.	3		
591/454	Consultation/Collabor.	3		

DEFICIENCY COURSES

Dept No. and Course No.	Course Title	Sem Hrs.	Grade

Total Hours Transferred _____

Total Graduate Hours _____

Signed _____
Candidate

The above plan of study is approved.

Signed _____
Candidate's Advisor

Signed _____
Department/School Designee

Signed _____
Graduate School

Date Approved _____

Submit the original and three copies to your advisor and then to the Graduate School, Hovey 309. One copy will be sent to the student at the above address and two copies will be returned to the department/school. (If additional space is needed, please use a second Plan of Study form.)