ILLINOIS STATE UNIVERSITY

GRADUATE SCHOOL
PLAN OF STUDY FOR GRADUATE CERTIFICATION
TRANSITION SPECIALIST

NAME	SOCIAL SECURITY NO.	DATE DEGREE EXPECTED

ADDRESS	EMAIL	WORK PHONE HOME PHONE

MAJOR	SEQUENCE
SPECIAL EDUCATION	TRANSITION SPECIALIST

Check One: ☐ Certification Exam Passed ☐ No LBS2 Certification Sought

TRANSFER COURSES

(will be equivalent to 300 level only*.)

University	Course number and Title	Sem Credit Hours	Grade	When taken

ISU GRADUATE COURES

Dept. No. and Course No.	Course Title	Sem Hrs.	Grade	Sem/Yr
591/451	Fac Stud-Dir Trans Plan	3		
591/453	Intrag. Comm & P -Sec Sys	3		
591/455	Fac Emp Outcom Ind w/Dis	3		
591/457	Fac. Outcomes Ind w/ Dis.	3		

DEFICIENCY COURSES

Dept No. and Course No.	Course Title	Sem Hrs.	Grade
	NONE		

Total Hours Transferred _____

Total Graduate Hours _____12_____

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.)