WAYNE STATE UNIVERSITY
COLLEGE OF EDUCATION

Education Specialist Certificate Plan of Work

FILE IN TRIPLICATE

Graduate Education Office
489 Education
Detroit, Michigan 48202
(313) 577-1635

CONSULT CURRENT UNIVERSITY CATALOG AND EDUCATION SPECIALIST BROCHURE WHEN COMPLETING FORM.

WSU ID #: _____ Date: _____

Student's Name: _____ E-mail Address: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone No: _____ Work Phone No: _____ Cell Phone No: _____

Term/Year Admitted: _____ Major: _____ Advisor: _____

COURSES COMPLETED AND PROPOSED

UNIVERSITY	SEMESTER	DEPT.	COURSE #	COURSE TITLE	SEM. HRS.
MAJOR COURSES					
ELECTIVE COURSES					
				TOTAL HOURS	

COMPLETION DATE: _____ **(ALL REQUIREMENTS MUST BE MET BY THIS DATE.)**

STUDENT'S SIGNATURE: _____ DATE: _____

ADVISOR'S SIGNATURE: _____ DATE: _____

GRADUATE OFFICER'S SIGNATURE: _____ DATE: _____

The Graduate Officer's signature indicates an official and approved Plan of Work.