

Certificate of Education Specialist Application for Degree

Email submission to gradsvcs@lsu.edu.

Student Information:

Name: Degree Only Registration: Yes No
(See Catalog for requirements)

LSU Student ID:

Phone:

LSU Email:

Degrees Held (Include institution and year):

Semester/ Year of Graduation:

Department:

Major Field: Education

Diploma Information: (Type or print the name you want to appear on your diploma.)

First Name:

Hometown:

Middle Name:

Home State:

Last Name:

Parish/County:

Country:

By signing below, I acknowledge that I understand that the name provided above will appear on my diploma.

Signature: _____ Date: _____

Certificate of Education Specialist Degree Audit

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LSU Student ID:

Name:

NOTE: The program for the Certificate of Education Specialist is a 60-63 hour program. All 60-63 hours must be listed on this form. List each course and number of hours associated. (Ex: EDCI 7610 (3))

Coursework Information:

List all relevant LSU courses and hours required towards this certificate.
(Ex: EDCI 7005 (3), EDCI 7930 (6))

Courses Completed at LSU:

Courses Transferred or Petitioned (list institution and date taken)

Hours Completed: _____

Courses Remaining:

Hours Remaining: _____

Required Signatures:

Student: _____ Date: _____

Committee Chair: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Graduate Program Advisor: _____ Date: _____

Dean of the Graduate School: _____ Date: _____

For Office Use Only:

GPA:

Reg:

CW:

Time: