LINCOLN UNIVERSITY
Jefferson City, Missouri

GRADUATE APPROVED PROGRAM

THE STUDENT SHOULD EXECUTE THIS FORM WITH THE ASSISTANCE OF THE ADVISOR AFTER COMPLETING AT LEAST 12 HOURS BUT BEFORE ACCUMULATING 24 HOURS.

1. PERSONAL INFORMATION

Name: _____ Student ID Number: _____

Address: _____

Telephone: (home)_____ (work)_____

Proposed Major: _____ Proposed Date of Graduation: _____

2. ACADEMIC TRAINING

A. List in chronological order all colleges and universities attended, dates attended, degrees received, and dates degrees were awarded.

Institution	Dates Attended	Degrees Received	Dates Degrees Awarded

B. List any prerequisite courses that you were required to take to prepare you for the degree you are seeking at Lincoln University.

Title of Course	Credit Hours	Grade Received	Institution Taken

C. List the major courses that are to apply toward the degree you seek. Indicate with an asterisk any transfer work. Courses may be substituted with approval of advisor.

Course Number/Title	Credit Hours	Semester

NOTE: All courses including any transfer credits must be completed within a 5 year time limit.

D. Title of Thesis, if applicable: _____

_____

Note: Missouri certification as an elementary or secondary school counselor requires an additional 2 courses beyond the M.Ed. program. EDU526E(for elementary) or 526S(for secondary) and EDU 528. Total hours for certification is 42.

Signature of Student Date

Signature of Advisor Date

Signature of Department Head Date

Signature of Graduate Dean Date

Advanced to Candidacy: Yes _____ No _____
(To be completed by the Graduate Dean)

Revised 03/17/08

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