



Certificate of Education Specialist Degree Audit

Email submission to gradsvcs@lsu.edu.

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: _____