Syracuse University – School of Education
Program of Study
Certificate of Advanced Study

Name: _____ SU ID #: _____
Address: _____ Email _____
_____ Phone/cell phone _____

Certificate of Advanced Studies Program Name _____

TRANSFER COURSES from other colleges to be used in this program:

Course prefix and number	Course title	Credits	Institution	Date to be taken/Date taken

***COURSES TAKEN at Syracuse University to be used in this program*:**

Course prefix and number	Course title	Credits	Date Taken	Grade

Total credit hours_____

Student signature: _____ **Date:** _____

I have reviewed AND support the program of study as provided above:

Advisor signature: _____ **Date:** _____

Academic Unit Chair signature: _____ **Date:** _____

Assistant Dean for Academic and Student Services signature: _____ **Date:** _____

Fall 2009