Georgia Southern University
Jack N Averitt College of Graduate Studies
Official Education Specialist Program of Study Form

Last Name	*First Name*	*Middle*	*ID#* - -
Street Address			*Home Phone:* - -
City	*State*	*Zip* -	*Work Phone:* - -
Email Address:			*Degree:* EDS
Major: Select One	*Study Concentration* Select One		

The Program of Study must be submitted to the College of Graduate Studies for final approval not later than the end of the semester ***prior*** to the expected graduation term. Fifty percent of the courses applicable toward the degree must be courses in which enrollment is restricted to graduate students.

Dept	Course #	Course Title	Cr Hrs	Sem/Yr Taken	Grade	
Electives						
Transfer Courses – (Limited to 6 Cr Hr)						**Transfer From**
		Total Hours:	**0**			

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Program Director or Dept Chair: _____ Date: _____

College of Graduate Studies: _____ Date: _____