

EDUCATION SPECIALIST  
PRELIMINARY CREDENTIAL PROGRAM ADVISEMENT PLAN

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Name: \_\_\_\_\_ Campus ID# \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

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CORE COURSES

Core Courses	Proposed Semester	Semester Completed	Grade	Notes
				*intern pre-req
				*intern pre-req; RICA suggested after course