

GRADUATE ACADEMIC CERTIFICATE

Verification of Completion

DATE: _____

STUDENT'S
NAME:

_____ (as it should appear on the certificate)

STUDENT ID:

ADDRESS:

TELEPHONE:

DEPARTMENT Educational Psychology

NAME OF
CERTIFICATE: Gifted and Talented Education

List courses, semesters and grades; use space below if necessary.

12 hours

Course	Course Title	Semester Taken Sem/year	Grade
EDSP 5105	Nature and Needs of the Gifted and Talented Student		
EDSP 5110	Social and Emotional Components of Giftedness		
EDSP 5120	Program Planning for the Education of Gifted and Talented Students		
EDSP 5130	Methods and Curriculum for Teaching Gifted and Talented Students		

SIGNATURE:

(Graduate Academic Certificate Director)

Notes:

Grad School Use Only

ITEM	INITIALS	DATED
RECEIVED		
VERIFIED		
ORDERED		
POST REQ'D		
MAILED		
SENT TO IMAGING		
<i>Admit Status:</i>		