School of Education
Syracuse University

PROGRAM OF STUDY -- CERTIFICATE OF ADVANCED STUDY

Name: _____ SU ID #: _____

Email: _____ Phone/cell phone: _____

Certificate of Advanced Study Program Name _____

TRANSFER COURSE from other college to be used in this program:

Course prefix/no.	Course title	Semester hrs.	Institution	Semester/Year	Grade

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

Course prefix/no.	Course title	Credits	Semester/Year	Grade

Total semester hours: _____

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

Student: _____ Date: _____

Advisor: _____ Date: _____

Academic Unit Chair: _____ Date: _____

Sr. Asst Dean, Academic & Student Services: _____ Date: _____

Edited September 11, 2019