|  |  |
| --- | --- |
| **Name:**  | **University ID Number :**  |
| **Address:** | **Phone:**  |
| **Email :**  | **Program Plan I** |
| **Anticipated Graduation Date:**  |
| **Advisor: Elizabeth Shaunessy-Dedrick** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Endorsement Courses** | Credit Hours | USF Advisor Completes | Grade |
| Term Offered |  |
| Fall | Spring | Summer | Year |
| EGI 5051 Nature and Needs of the Gifted | 3 | Even Years |  |  |  |  |
| EGI 6415 Consultation, Counseling & Guidance for Gifted Students  | 3 | Odd Years |  |  |  |  |
| EGI 5307 Theory and Development of Creativity | 3 |  |  | Odd Years |  |  |
| EGI 6936 Seminar in Special Populations of Gifted Students.  | 3 |  | Odd Years |  |  |  |
| EGI 6232 Adv. Educational Strategies for Gifted Students.  | 3 |  | Even Years |  |  |  |

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**Student signature (electronic) Date Coordinator of Gifted Program Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chair Date**

*It is not guaranteed that courses will be offered by the University at these times; however, efforts will be made to keep the student on track for timely completion of the coursework.*

Please provide an electronic signature and email the form with to Beth Baker at bethcbaker@usf.edu