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| --- | --- |
| **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](mailto:bethcbaker@usf.edu)