The Graduate School of Education

Name of Program: **Advanced Certificate in Gifted Education**
(Beyond Initial Certification)

Number of Credits in Program: **12 Credits**

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Name: _________________________________  
Address: _______________________________  
Home Phone: ___________________________  
Cell Phone: _____________________________  
Email: _________________________________

Program Initiated: _______________________
(If applicable)

X Number: ______________________________  
Advisor: ________________________________  
Mentor: ________________________________

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I. Gifted Education in Graduate Level Courses:  **12 Credits**

<table>
<thead>
<tr>
<th>EDU Number</th>
<th>Course Title</th>
<th>Semester</th>
<th>Date Completed (Sem./Yr./Grade)</th>
<th>Comments</th>
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<tr>
<td>EDU 7410</td>
<td>Identification of the Gifted and Talented</td>
<td></td>
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<tr>
<td>EDU 7411</td>
<td>Introduction to Designing Programs, Curriculum and Materials for the Gifted and Talented</td>
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<td>EDU 7412</td>
<td>Teaching Creative Thinking and Problem Solving to Gifted and Talented Students</td>
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<td>EDU 7413</td>
<td>Professional Collaboration and Leadership in Gifted Education</td>
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Student Signature: _______________________________  
Date: ________________________________

Advisor Signature: _______________________________  
Date: ________________________________

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“We reserve the right to make changes to the program”  
03/01/2016