

Return Application to:

Special Education Traineeship Program
Northern Kentucky University
245 Johns Hill Road
Highland Heights, KY 41099

**PART B
REGULAR TRAINEESHIP APPLICATION
Verification of Course of Study**

(To be completed by first-time applicants only
UNLESS changes occur in your course of studies.)

NAME: _____
(last) (first) (middle)

Kentucky University attending: _____

AREA OF STUDY (check only one):

- Visually Impaired Moderate & Severe Disabilities (FMD) Director of Special Education
- Hearing Impaired Learning & Behavior Disorders (LBD) Communication Disorders
- IECE

NOTE: The section below is to be completed by advisor. List remaining courses needed to meet certification requirements, including the courses planned for this semester. **DO NOT list courses beyond those needed for special education certification.** You may attach your signed Curriculum Contract or Program of Study Plan for your **Special Education Certification** in lieu of this list. Do not include classes needed for your Master's or Rank change.

Course Number	Credit Hours	Course Title	Do Not Write in This Space
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This is to verify that the above applicant has been admitted to the college or university, and is pursuing the planned program of studies listed above for the purpose of obtaining certification to teach special education or to serve as Director of Special Education.

SIGNATURE: _____ **DATE:** _____
(University Faculty Advisor)