

**Return Application to:**

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

**PART B  
IECE 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):**

**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 IECE 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)