Graduate Certificate Plan of Study
Submit to the Graduate School, 210 Jesse Hall.

Student name: Sample Plan of Study
Mizzou ID number: _____________________________
Certificate program: Certificate in Lifespan Development
Anticipated certificate completion date: May 2011
Academic program: Psychological Sciences
Degree (i.e. MS, MA, PhD): PhD          Major: Child-Clinical Psychology

Consult the Graduate Catalog for a list of approved graduate certificates.

Proposed Plan of Study: List the course numbers, course titles, number of credit hours and the term in which the courses have been/will be taken. The certificate Plan of Study must be approved by the official certificate coordinator.

<table>
<thead>
<tr>
<th>Course number</th>
<th>Title</th>
<th>Hours</th>
<th>Semester/Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psy8410</td>
<td>Psychology of Development</td>
<td>3</td>
<td>F2009</td>
<td>A</td>
</tr>
<tr>
<td>Psy8420</td>
<td>Cognitive Development</td>
<td>3</td>
<td>W2010</td>
<td>A</td>
</tr>
<tr>
<td>Psy8440</td>
<td>Social and Emotional Development</td>
<td>3</td>
<td>F2010</td>
<td>A</td>
</tr>
<tr>
<td>Psy9440</td>
<td>Studies in Developmental Psychology</td>
<td>1 X 3</td>
<td>F2009, W2010</td>
<td></td>
</tr>
<tr>
<td>CSD7810</td>
<td>Psycholinguistics</td>
<td>3</td>
<td>W211</td>
<td>A</td>
</tr>
</tbody>
</table>

Total Hours (12 graduate hours minimum) 15

The program of study is approved as stated. Subsequent changes must be reported on a Program of Study Course Substitution form.

Student signature _____________________________ Date _____________________________
Graduate dean’s signature _____________________________ Date _____________________________
Certificate coordinator’s signature _____________________________ Date _____________________________

Date copies sent to the coordinator: _____________________________

9/09