

Name: _____

V-number: _____

| CORE COURSES | | Term | Grade | Credits |
|---|--|------|-------|-----------|
| INT 640 | Teaching Ethics and Professional Practice | | | 3 |
| INT 650 | Teaching Meaning Transfer | | | 3 |
| INT 655 | Assessment for Interpreter Educators | | | 3 |
| INT 665 | Interpreter Education Curriculum Development | | | 3 |
| INT 675 | Adult Education | | | 3 |
| | Elective | | | 3 |
| Total quarter hours (18 required for certificate): | | | | 18 |

Student's Signature: _____ Date: _____

Program Coordinator's Signature: _____ Date: _____

**Please keep a copy of this program plan for your records.*

PROGRAM PLAN PROCESSED BY GRADUATE STUDIES, NOTE MADE IN BANNER: _____

CERTIFICATE COMPLETION DATE: _____

**Students completing an endorsement, certificate, or specialization only are not eligible for federal financial aid.*