FLORIDA MASTERS OF EDUCATION PROGRAM
PLAN APPROVAL RECOMMENDATION

Learner’s Name__________________________ Learner ID#________________________

Area of Specialization________________________________________________________

Date of Plan Approval Meeting______________________________________________

Date of Entrance Colloquium__________________________________________________

This is to certify that we, the undersigned, have examined the Learning Plan and recommend
the certification of this candidate.

Program Director ___________________________ (Print/Type) ___________________________ (Signature/Date)

Faculty Advisor ___________________________ (Print/Type) ___________________________ (Signature/Date)

Adjunct Professor ___________________________ (Print/Type) ___________________________ (Signature/Date)

IMPORTANT
This form shall be signed by all committee members and submitted to the Dean. One
copy of the Learning Plan must accompany this form.

Dean’s Review

This is to certify that I have examined the Learning Plan and approve the academic plan of this
candidate.

Dean ___________________________ (Print/Type) ___________________________ (Signature/Date)

After review, this form will be forwarded to the Registrar for inclusion in the permanent academic
record.