

**TTU - ED.S. - CURRICULUM & INSTRUCTION
PROPOSED PROGRAM OF STUDY**

T # _____

Major: Curriculum & Instruction

Name: _____

Concentration: Educational Technology

	Course Subject	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade
BACKGROUND COURSES CREDIT NOT COUNTED TOWARD DEGREE							
TRANSFER CREDIT							
COURSES TAKEN OR TO BE TAKEN AT TTU TO COUNT TOWARD DEGREE	CUED	6010	Curriculum Development & Evaluation (If taken at MA level must take a different guided elective-list in next line)	TTU		3	
	CUED	7430	Specialized Applications of Technology to Educ.	TTU		3	
	CUED	6440	Emerging Technologies in Education	TTU		3	
	CUED	6460	Constructivist Strategies for Classroom Instruc.	TTU		3	
	CUED	7530	Designing Integrated Technology Environments	TTU		3	
			PRACTICUM & RESEARCH COMPONENT				
	CUED	7801	Lab & Field Experiences in Education/ Technology Focus	TTU		3	
	CUED	7910	Advanced Research Project in Education	TTU		3	
			9 HOURS ADVISOR GUIDED ED TECH ELECTIVES				
				TTU		3	
				TTU		3	
				TTU		3	
	Total Semester Hours Credit to be Counted Toward Degree						30
						FINAL GPA	

Do you anticipate using Human Subjects in your research? YES _____ NO _____
If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.

Total semester hours including thesis:
 7000 level _____ 6000 level _____ (must have at least 15 hrs. at 7000 level; no 5000 level) 6 years expires end of _____ (term) _____ (year)

APPROVED ADVISORY COMMITTEE:

_____ Chairperson _____ Date	_____ Departmental Chairperson _____ Date
_____ Member _____ Date	_____ Dean of College _____ Date
_____ Member _____ Date	_____ College of Graduate Studies Designee _____ Date
_____ Member _____ Date	

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

NOTICE:

1. A graduate student shall be enrolled for at least one course appropriate to the degree objective during the term in which the degree is awarded.
2. Application for graduation must be submitted by deadline published in catalog and the online Academic Calendar.



APPOINTMENT OF ADVISORY COMMITTEE Admission to Candidacy Application

This form is to be submitted to the College of Graduate Studies within two semesters of admission.

Student's Name _____ T# _____

Degree Level Ed.S. Major Curriculum & Instruction

Concentration _____ Licensure _____

I hereby request that the following members of the Graduate Faculty be appointed to serve on my Graduate Advisory Committee:

Graduate Advisory Committee Members (Signature/Printed name)

_____ Committee Chair _____

_____ Co-chair/Member _____

_____ Member _____

_____ Member _____

_____ Member (Optional) _____

_____ Member (Optional) _____

_____ Member (Optional) _____

Student's Signature _____ Date _____

Approved _____ Date _____
Department Chairperson

Approved _____ Date _____
College Dean/Program Director