

**TTU – M.A. – INSTRUCTIONAL LEADERSHIP  
PROPOSED PROGRAM OF STUDY**

T # \_\_\_\_\_

**Major:** Instructional Leadership (EDIL)

Name: \_\_\_\_\_

	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	INSL	6510	School Leadership, Law, Ethics, & Diversity	TTU		6	
	INSL	6560	Technology for Administrators	TTU		3	
	INSL	6520	School-Based Management & Community Relations	TTU		6	
	INSL	6530	Data Driven Curriculum: Development, Assessment & Evaluation	TTU		6	
	INSL	7010	Instructional Leadership	TTU		3	
	INSL	7400	School Leadership and Supervision	TTU		3	
	CUED	6300 or 6310	Quantitative Educational Research or Qualitative Research in Education	TTU		3	
	CUED	6305 or 6315	Quantitative Problems in Curriculum or Qualitative Problems in Curriculum	TTU		3	
<b>Total Semester Hours Credit to be Counted Toward Degree</b>						<b>33</b>	
						<b>FINAL GPA</b>	
<b>Do you anticipate using Human Subjects in your research? YES _____ NO _____</b> <b>If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.</b>							

Total semester hours including thesis:

7000 level \_\_\_\_\_ 6000 level \_\_\_\_\_ 5000 level \_\_\_\_\_ (no more than 9hrs at 5000 level)

6 years expires end of \_\_\_\_\_ (term) \_\_\_\_\_ (year)

APPROVED ADVISORY COMMITTEE:

\_\_\_\_\_ Chairperson \_\_\_\_\_ Date  
 \_\_\_\_\_ Member \_\_\_\_\_ Date  
 \_\_\_\_\_ Member \_\_\_\_\_ Date  
 \_\_\_\_\_ Member \_\_\_\_\_ Date

\_\_\_\_\_ Departmental Chairperson \_\_\_\_\_ Date  
 \_\_\_\_\_ Dean of College \_\_\_\_\_ Date  
 \_\_\_\_\_ College of Graduate Studies Designee \_\_\_\_\_ 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  M.A.  Major  Instructional Leadership

Concentration \_\_\_\_\_ Licensure  Yes

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