

**TTU - M.A. - CURRICULUM & INSTRUCTION
PROPOSED PROGRAM OF STUDY**

T # _____

Major: Curriculum & Instruction

Name: _____

Concentration: Special Education

	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	SPED	6010	Survey of Disability Characteristics, Procedures, & Methods in Special Education	TTU		3	
	SPED	6040	Classroom Applications using Applied Behavior Analysis	TTU		3	
	SPED	6070	Individualized Educational Planning	TTU		3	
	FOED	6820	Applied Educational Assessment	TTU		3	
			RESEARCH COMPONENT				
	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	
			15 HOURS ADVISOR GUIDED ELECTIVES				
				TTU		3	
				TTU		3	
				TTU		3	
				TTU		3	
				TTU		3	
Total Semester Hours Credit to be Counted Toward Degree						33	
						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 _____ 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 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