

**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	
			<b>PRACTICUM &amp; RESEARCH COMPONENT</b>				
	CUED	7801	Lab & Field Experiences in Education/ Technology Focus	TTU		3	
	CUED	7910	Advanced Research Project in Education	TTU		3	
			<b>9 HOURS ADVISOR GUIDED ED TECH ELECTIVES</b>				
				TTU		3	
				TTU		3	
				TTU		3	
	<b>Total Semester Hours Credit to be Counted Toward Degree</b>						<b>30</b>
						<b>FINAL GPA</b>	

**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 ED.S. ADVISORY COMMITTEE**

I request that the following members of the Graduate Faculty serve on my Graduate Advisory Committee.

(Please **type** or **print** the names of the graduate faculty you wish to serve on your advisory committee in the blanks below. Please do not have them sign their names on this page.)

\_\_\_\_\_, Chairperson

\_\_\_\_\_, Member

\_\_\_\_\_, Member

\_\_\_\_\_, Member

Student's Name \_\_\_\_\_ T # \_\_\_\_\_

(Print or Type)

Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_

***For Graduate Studies Office Use Only:***

Major Subject: Curriculum & Instruction/ \_\_\_\_\_

Date Admitted to Full Standing: \_\_\_\_\_

Graduate Credits Completed at TTU: \_\_\_\_\_ Other Universities: \_\_\_\_\_

Graduate Quality Point Average at TTU: \_\_\_\_\_ Other Universities: \_\_\_\_\_

GRE General Test Score --Verbal: \_\_\_\_\_ Quantitative: \_\_\_\_\_ Analytical: \_\_\_\_\_

Miller Analogies Test-- Raw Score: \_\_\_\_\_ Percentile: \_\_\_\_\_