

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

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

Major: Curriculum & Instruction

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

Concentration: Literacy

\*TN DOE licensure standards require candidates for the optional Reading Specialist add-on endorsement to have 3 years licensed teacher experience and pass the appropriate Praxis exam.

	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	READ	6100	Uses of Technology in Literacy Education	TTU		3	
	READ	6340	Literacy in the Elementary School	TTU		3	
	READ	6350	Literacy in the Secondary School	TTU		3	
	READ	6700	Diversity and Equity in Literacy	TTU		3	
	READ	6310	Assessment and Intervention in Literacy	TTU		3	
	ELED	7400	The Literacy Language Arts Program	TTU		3	
	READ	7370	Linguistics: Theory & Application for Educators	TTU		3	
	READ	7500	Leadership in Literacy Education	TTU		3	
	READ	7800	Practicum Experiences in Literacy	TTU		3	
	CUED	7910	Advanced Research Project in Education	TTU		3	
<b>Total Semester Hours Credit to be Counted Toward Degree</b>						<b>30</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 \_\_\_\_\_ (must have at least 15 hrs. at 7000 level; no 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
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**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: \_\_\_\_\_