

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

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

**Major:** Curriculum & Instruction

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

**Concentration:** Curriculum

	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	FOED	6020	Perspectives in American Education	TTU		3	
	FOED	6820	Applied Educational Assessment	TTU		3	
	CUED	6010	Curriculum Development & Evaluation	TTU		3	
			<b>RESEARCH COMPONENT</b>				
	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>18 HOURS ADVISOR GUIDED ELECTIVES</b>				
				TTU		3	
				TTU		3	
				TTU		3	
				TTU		3	
				TTU		3	
				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	_____ Departmental Chairperson _____ Date
_____ Member _____ Date	_____ Dean of College _____ Date
_____ Member _____ 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 M.A. 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: \_\_\_\_\_