

## TTU - ED.S - 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	CUED	6010	Curriculum Development & Evaluation (If taken at MA level must take a different guided elective-list in next line)	TTU		3	
	SPED	6070	Individualized Educational Planning	TTU		3	
	FOED	7020	Philosophy and Public Policy	TTU		3	
			<b>PRACTICUM &amp; RESEARCH COMPONENT</b>				
	CUED	7801* or 7802* or 7803*	Lab & Field Exp. in Ed/Technology Focus or Lab & Field Exp. in Ed/Grant Writing Focus or Lab & Field Exp in Ed/Autoethnography	TTU		3	
	CUED	7910	Advanced Research Project in Education	TTU		3	
			<b>15 HOURS ADVISOR GUIDED ELECTIVES</b>				
				TTU		3	
				TTU		3	
				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 _____ 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 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 Ed.S. 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