

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

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

**Major:** Curriculum & Instruction

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

**Concentration:** Library Science

	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	LSCI	7040	Technology Engagement & Support for Libraries	TTU		3	
	CSED	6000 or 6010	Digital Literacy & Computing or Programming Fundamentals & Computational Thinking for Educators	TTU		3	
	FOED	6820	Applied Educational Assessment	TTU		3	
	LSCI	5570 or 7570	Young Adult Literature or Contemporary Young Adult Literature	TTU		3	
	LSCI	6010	Classification & Cataloging of Media & Mtrls.	TTU		3	
	LSCI	6550 or 6600	Contemporary Children's Literature or Literature Across the Curriculum	TTU		3	
	LSCI	7000	Information Literacy Tools & Services	TTU		3	
	LSCI	7030	Administration of the School Library	TTU		3	
	LSCI	6800	Library Practicum	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>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 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