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

Γ#		n & Instru	ction							
Name:			Concentration: Curriculum							
	Course Subject	Course Number		Course Descri	otion	Where Taken	Term Completed	Sem. Hrs. Credit	Grade	
BACKGROUND										
COURSES CREDIT NOT										
COUNTED										
TOWARD DEGREE										
TRANSFER										
CREDIT										
	01.155	0010			Evaluation (If taken					
	CUED	6010	at MA level r	must take a different g	uided elective-list in	TTU		3		
			next line)							
COURSES TAKEN	FOED	7020	Philosoph	y and Public Polic	V	TTU		3		
OR TAKE!	I OLD	7020		& RESEARCH COMPO		110				
TO BE TAKEN		7801* or		ld Exp. in Ed/Tech						
AT TTU TO COUNT	CUED				t Writing Focus or	TTU		3		
TOWARD DEGREE		7803*		ld Exp in Ed/Autoe				-		
	CUED	7910		Research Projec		TTU		3		
			18 Hours A	ADVISOR GUIDED ELE	CTIVES					
						TTU		3		
						TTU		3		
						TTU		3		
						TTU		3		
						TTU		3		
						TTU		3		
				or Field Experience; ot	hers may be used as					
			advisor guid	ed electives						
			_							
	Total Semester Hours Credit to be Counted Toward Degree							30		
							FINA	_ GPA		
				rresearch? YES_ rior to graduation.	NO Contact your adviso	or for mor	e information	n.		
Total semester hou 7000 level	6000 level_	(must	t have at least	t 15 hrs. at 7000 level;	no 5000 level) 6	years expir		term) (year)	
APPROVED ADVISO	RY COMMITT	EE:								
		Chai	rperson	Date						
		Departmental Member Date				person		Dat	е	
		Mem	ber	Date	Dean of College			Dat	e	
		Mem	her	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.

College of Graduate Studies Designee

2. Application for graduation must be submitted by deadline published in catalog and the online Academic Calendar.

Date



APPOINTMENT OF ADVISORY COMMITTEEAdmission 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