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

T#			Major: Curriculum & Instruction					
Name:		Concentration: Exercise Science						
	Course Subject	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade	
BACKGROUND COURSES CREDIT NOT COUNTED TOWARD DEGREE								
TRANSFER CREDIT								
	CUED	7010	Learning Theories	TTU		3		
COURSES TAKEN OR TO BE TAKEN AT TTU TO COUNT TOWARD DEGREE	FOED	7020	Philosophy and Public Policy	TTU		3		
	EXPW	6600	Special Topics in Exercise Science	TTU		3		
	EXPW	6440	Physiology of Exercise	TTU		3		
	EXPW	7000	Current Issues in Exercise Science, Health Behavior, and Wellness Education	TTU		3		
	EXPW	7010	Pedagogical Theory of Physical Education PRACTICUM & RESEARCH COMPONENT	TTU		3		
	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		
			6 HOURS ADVISOR GUIDED ELECTIVES*					
				TTU		3		
				TTU		3		
	*Student n	nust take E	XPW 6510 before CUED 7910 if no Research Method	ds or equiv	alent in Exe	rcise Scienc	e on	
			1 elective class)	,				
			Total Semester Hours Credit to be Cou	nted Tow	ard Degree	30		
					FINA	_ GPA		
			jects in your research? YES NO semester prior to graduation. Contact your adviso	or for mor	e informatio	n.	•	
Total semester hou	irs including 6000 level_	thesis: (must		years expire	es end of		year)	
		Chai	rperson DateDepartmental Chairp	erson		Date		
		Mem	·	0.0011		Dati	•	
		Mem	ber Date Dean of College			Date	е	

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

Member

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

Date

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