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

T#			Major: Curriculum & Instruction				
Name:	· · · · · · · · · · · · · · · · · · ·	Concentration: Applied Behavior Analysis					
	Course Subject	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade
BACKGROUND COURSES CREDIT NOT COUNTED TOWARD DEGREE							
TRANSFER CREDIT							
			Advisor Guided Elective	TTU		3	
COURSES TAKEN	EDUB	7001	Principles of Behavior Analysis	TTU		3	
OR TO BE TAKEN AT TTU TO COUNT TOWARD DEGREE	EDUB	7002	Behavior Assessment	TTU		3	
	EDUB	7003	Behavior Intervention	TTU		3	
	EDUB	7004	Theory & Philosophy in Behavior Analysis	TTU		3	
	EDUB	7005	Organizational Behavior Analysis	TTU		3	
	EDUB	7006	Ethics in ABA	TTU		3	
	EDUB	7008	Topics in Applied Behavior Analysis	TTU		3	
			RESEARCH COMPONENT				
	EDUB	7007	Research Methods in Behavior Analysis	TTU		3	
	CUED	7910	Advanced Research Project in Education	TTU		3	
			Total Semester Hours Credit to be 0	Counted Tou	rard Dagras	30	
			Total Semester Hours Credit to be V	Counted Tow		L GPA	
Do you anticina	ate usina H	luman Sub	jects in your research? YES NO		IIIVAI	LGFA	
If yes, IRB appr	oval is req	uired one	semester prior to graduation. Contact your adv	visor for mor	re informatio	n.	
Total semester hou 7000 level	irs including 6000 level_		t have at least 15 hrs. at 7000 level; no 5000 level)	6 years expir		term) (year)
APPROVED ADVISO	RY COMMITT		rperson Date		`	, ,	- ,
			Departmental Cl	hairperson		Date	е
		Mem					
		Mem				Date	е

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