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

T # _____

Major: Curriculum & Instruction

Name: _____

Concentration: Educational Technology

	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	CSED	6000	*Digital Literacy and Computing	TTU		3	
	CSED	6010	*Programming Fundamentals & Computational Thinking for Educators	TTU		3	
	CSED OR FOED	6020 OR 6320	*Computer Science Concepts for Teachers OR Educational Applications of Technology	TTU		3	
	CSED OR CUED	6030 OR 6440	*Computer Science Instructional Methods OR Emerging Technologies in Education	TTU		3	
	CUED	6430	**Production of Instructional Materials	TTU		3	
	CUED	6450	**Internet Integration for Teaching & Learning	TTU		3	
	CUED	7510	**Instructional Design	TTU		3	
	CUED	7520	**Teaching and Learning Online	TTU		3	
	FOED	6820	Applied Educational Assessment	TTU		3	
			Select Certificate Pursuing Below.				
	Select:		*Completion of courses grants a *Computer Science Education certificate*	TTU			
	Select:		**Completion of courses grants an *Online Teaching & Design certificate*	TTU			
			TECHNOLOGY FOCUSED RESEARCH				
	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	
Total Semester Hours Credit to be Counted Toward Degree						33	
						FINAL GPA	

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_____ 5000 level_____ (no more than 9hrs at 5000 level)   6 years expires end of _____ _____
                                                                                                                                        (term)   (year)
APPROVED ADVISORY COMMITTEE:

_____ Chairperson _____ Date

_____ Member _____ 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 M.A. ADVISORY COMMITTEE

I request that the following members of the Graduate Faculty serve on my Graduate Advisory Committee.

(Please **type** or **print** the names of the graduate faculty you wish to serve on your advisory committee in the blanks below. Please do not have them sign their names on this page.)

_____, Chairperson

_____, Member

_____, Member

_____, Member

Student's Name_____ T #_____
(Print or Type)

Student's Signature_____

Date: _____

For Graduate Studies Office Use Only:

Major Subject: Curriculum & Instruction / _____

Date Admitted to Full Standing: _____

Graduate Credits Completed at TTU:_____Other Universities: _____

Graduate Quality Point Average at TTU:_____Other Universities: _____

GRE General Test Score --Verbal:_____Quantitative:_____Analytical:_____

Miller Analogies Test-- Raw Score:_____Percentile: _____