

**TTU – M.A. – INSTRUCTIONAL LEADERSHIP
PROPOSED PROGRAM OF STUDY**

T # _____

Major: Instructional Leadership (EDIL)

Name: _____

	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	INSL	6510	School Leadership, Law, Ethics, & Diversity	TTU		6	
	INSL	6560	Technology for Administrators	TTU		3	
	INSL	6520	School-Based Management & Community Relations	TTU		6	
	INSL	6530	Data Driven Curriculum: Development, Assessment & Evaluation	TTU		6	
	INSL	7010	Instructional Leadership	TTU		3	
	INSL	7400	School Leadership and Supervision	TTU		3	
	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	_____ Departmental Chairperson _____ Date
_____ Member _____ Date	_____ Dean of College _____ Date
_____ Member _____ Date	_____ College of Graduate Studies Designee _____ Date
_____ Member _____ 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: _____