PROGRAM OF STUDY FOR A GRADUATE DEGREE Revised 01/11/2006

Appalachian State University - Cratis D. Williams Graduate School

Name of Student: (Please type or Print) _____ Banner#: _____

Department: Leadership & Educational Studies Entry Term: _____

Before submitting to the Registrar's Office, please check that the program meets academic requirements outlined in the Bulletin for the term of entry indicated above. Advisor or Program Director: Attach an explanation for any substitutions for required coursework.

Degree: MA Major: Educational Media Major Code: 437*

Concentration (if applicable): Instuctional Technology/Computers Conc. Code: 437D

Minor (if applicable): _____ Minor Code: _____

Office Use Only	Dept. Abbr.	Course #	Course Title	Credit Hrs	Office Use Only			Office Use Only
	ITC	5220	Computers In An Educational Setting	3				
	RES	5040	Teacher As Researcher	3				
	CI	5630	Instructional Technology	3				
	ITC	5320	Telecom Tech In Education	3				
	ITC	5420	Hypermedia in Instruction	3				
	ITC	5430	Issues In Learning With Computers	3				
	ITC	5620	Integrating Computer Tech Into Instruction	3				
	ITC	5630	Advanced Web Design For Education	3				
	ITC	5720	Planning For Technology In Schools	3				
	ITC	5900	Internship	3				
	CI	5055	Connecting Learners & Subject Matter	3				
	LSA	5585	Teacher Leadership & School Improvement	3				
Transfer Credit	Dept Abbr.	Course #	Course Title	Credit Hrs.				Institution
			Totals semester hours listed for credit	36				

Notes

I expect to complete degree requirements by the date _____. I understand that additional course work may be added to this proposed program of study by my Advisory Committee, if such additional work is needed to correct deficiencies in my academic preparation. I also understand that all substitutions must be approved by my advisory Committee chairperson and by the Graduate School. I understand and acknowledge that provision of my Social Security number is voluntary and authorize its use as a personal identifier for record keeping purposes.

Student Signature: _____ Date: _____

Approval Recommended: _____ Department Chairperson: _____
(Committee Chairperson)

Member 1: _____ Member 2(Opt.): _____ Member 3 (Opt.): _____

Printed Names: _____

Graduate School Approval: _____ Date: _____

COMMITTEE MEMBERS: Please print your name below signature. Submit the form to the Registrar's Office.