PROGRAM OF STUDY FOR A GRADUATE DEGREE Revised 01/11/2011

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: MLS Major: Library Science Major Code: 465*

Concentration (if applicable): School Media Conc. Code: 465B

Minor (if applicable): _____ Minor Code: _____

Office Use Only	Dept. Abbr.	Course #	Course Title	Credit Hrs	Office Use Only			Office Use Only
	LIB	5010	Collection Development & Management	3				
	LIB	5020	Information Sources & Services	3				
	LIB	5030	Organization Of Information	3				
	LIB	5040	Strategic Admin Of School Media Resources & Serv	3				
	LIB	5080	Collaborative Media Program Planning & Eval	3				
	LIB	5195	Critical Issues In Literature & Media	3				
	LIB	5070	Integrating Literature & Media Into Instruction	3				
	LIB	5060	Building Connections Thr Community & Culture	3				
	LIB	5050	Tech & Libraries: Tools, Resources & Issues	3				
	RES	5000	Research Methods	3				
	LIB	5525	Product Of Learning	3				
	LIB	5900	Internship/Practicum	3				
			Elective	3				
Transfer Credit	Dept Abbr.	Course #	Course Title	Credit Hrs.				Institution
			Totals semester hours listed for credit	39				
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.