

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

T # _____

Major : Curriculum & Instruction

Name: _____ Concentration: Literacy

*TN DOE licensure standards require candidates for the optional Reading Specialist add-on endorsement to have 3 years licensed teacher experience and pass the appropriate Praxis exam.

	Course Subject	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade
COURSES TAKEN OR TO BE TAKEN AT TTU TO COUNT TOWARD DEGREE	READ	6100	Uses of Technology in Literacy Education	TTU		3	
	READ	6340	Literacy in the Elementary School	TTU		3	
	READ	6350	Literacy in the Secondary School	TTU		3	
	READ	6700	Diversity and Equity in Literacy	TTU		3	
	READ	6310	Assessment and Intervention in Literacy	TTU		3	
	ELED	7400	The Literacy Language Arts Program	TTU		3	
	READ	7370	Linguistics: Theory & Application for Educators	TTU		3	
	READ	7500	Leadership in Literacy Education	TTU		3	
	READ	7800	Practicum Experiences in Literacy	TTU		3	
	CUED	7910	Advanced Research Project in Education	TTU		3	
	Total Semester Hours Credit to be Counted Toward Degree						30
						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:

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 ADVISORY COMMITTEE

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