COLLEGE OF EDUCATION
PROGRAM OF STUDY

Master of Education/ Rank II: Teacher Leader/ Rank II Instructional Computer Technology
(Admitted 08/01/2015 through 7/31/2016)

Name: _____   Student ID#_____

Address:_____

Telephone (Home):_____   (Work):_____   (Email):_____

College/University:_____   Degrees Held:_____   GPA:_____

Certification Held:_____   GRE Score:_____   Entry Date:_____

Prerequisites: Meeting all requirements for Graduate admission. Current teaching certificate. A written statement documenting the candidate's skill and understanding in the following areas: (a) ability to improve student achievement, (b) leadership, and (3) an advanced knowledge of curriculum, instruction and assessment.

TEACHER LEADER PROGRAM   30 Credit Hours

DEPT/NUMBER	COURSE DESCRIPTION	CR. HRS	YEAR	GRADE
ETL 610	Philosophy, Interp. & Appl. of Research	3	____	____
ETL 615	Leadership Behavior for Teacher Leaders	3	____	____
ETL 620	Professional Development for Teacher Leaders	3	____	____
ETL 625	Inst. Design and Evaluation for Teacher Leaders	3	____	____
ETL 630	Teacher Leadership for Inst. Improvement	3	____	____
ETL 650	Assessing Learning for Student Achievement	3	____	____
ETL 660	Capstone Project/Thesis	0	____	____
	Core Course Total	**18**		
	Instr. Computer Technology Endorsement (P-12)			
EDU 579	Multimedia Applications for Teaching and Learning*	3	____	____
EDU 680	Advanced Technology for Teaching and Learning	4	____	____
ECS 685	Assistive/Adaptive Technology	2	____	____
EDU 673	Instructional Design*	3	____	____
	Total Cognate Credits	_____	**12 credits**	**minimum**

*If EDU 579 or EDU 673 has been taken within the past 5 years (or at the
discretion of the advisor after review of course syllabus) as a part of another
program, another course may be substituted.

Minimum Graduate GPA: Overall 3.0 Automatic dismissal: One grade of F or two grades of C.

Acknowledgement of program contract:

_____   ___/___/_____   _____   ___/___/_____
Student's Signature   Date   Advisor's Signature   Date

<u>Candidacy Decision (Required After 15 hrs)</u>

_____   _____   / /_____
Program Director   Decision   Date

Successful Completion of 3 Formative Observations   **Successful Completion of Field Experiences**

_____ / /_____   _____   / /_____
Advisor Signature   Date   Director, Field Experiences   Date

Successful Defense of ADVANCEDWork e-Portfolio

_____   _____/_____/_____
Program Director   Date

Successful Defense of Capstone Project/Thesis

_____   _____/_____/_____
Program Director   Date

Successful Completion of Program

_____
Certification Officer   _____/___/_____Date