



**COLLEGE OF EDUCATION
PROGRAM OF STUDY**

**Master of Education/ Rank II: Teacher Leader/ Rank II Instructional Computer Technology
(Admitted 08/01/2022 through 7/31/2023)**

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

Candidacy Decision (Required After 15 hrs)

Program Director

Decision

_____/_____/_____
Date

Successful Completion of 3 Formative Observations

Advisor Signature

_____/_____/_____
Date

Successful Completion of Field Experiences

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