

PROGRAM of STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

MASTER of EDUCATION

M550/Q357

MAJOR: Instructional Psychology & Technology

CONCENTRATION: Instructional Design and Technology

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
* For OU graduate courses including Norman, Tulsa, Advanced Programs and Liberal Studies, leave this column blank. For transfer credit (including OU Health Sciences Center courses), enter the institution name in this column. For courses applied to a dual master's degree, enter Shared in this column.					

REQUIRED COURSES

EIPT 5183	Motivation and Learning in the Classroom	3			
EIPT 5203	Assessment and Evaluation in Education and Counseling	3			
EIPT 5533	Introduction to Instructional Technology	3			
EIPT 6143	Instructional Development	3			
EIPT 6343	Instructional Design Theories, Models, and Strategies	3			
EIPT 6503	Design of Text-Based Instruction	3			
EIPT 6523	Visual Literacy for Educational Media Production	3			
EIPT 5920	Internship in Education--Master's (3 hours)				

ELECTIVES: 6 hours for thesis students, 12 hours for non-thesis students. With advisor approval, select from the following EIPT courses: 5023, 5033, 5513, 6043, 6073, 6083, 6153, 6163, 6183, 6203, 6213, 6313, 6333, 6423, 6433, 6533, 6613 Research Issues: Instructional Design for Complex Problem Solving, 6613 Research Issues: Educational Modeling, Simulation, and Games. Other courses may be used with Graduate Liaison approval.

THESIS RESEARCH: 6 hours EIPT 5980 required for thesis students. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

TOTAL HOURS:

30 hours required for thesis degree
36 hours required for non-thesis degree

I intend to take the non-thesis examination in the _____ semester and graduate in the _____ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the *Graduate College Bulletin*.

☐ No ☐ Yes

I am also enrolled as a doctoral student, and I wish to receive the non-thesis master's degree on the basis of my doctoral general examination, which I will take in the _____ semester.



Student Signature _____ Date _____

I have reviewed the above-named student's proposed program of study and I recommend approval.

Printed Name of Graduate Liaison _____

Graduate Liaison Signature _____ Date _____

FOR GRADUATE COLLEGE USE ONLY:

Program effective **Summer 2017**. Semester Admitted/Re-admitted: _____

Date Checked: ____/____/____ | Timeline Begins: ____ | Hours Required: ____ | **OK** ____ **Problem** ____