

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/Q374

MAJOR: Instructional Psychology & Technology

CONCENTRATION: Integrating Technology in Teaching

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* 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 (Note: Up to 6 hours of graduate credit from TE-Plus or ILAC can be included in the core courses with advisor approval.)

EIPT 6143	Instructional Development	3			
EIPT 5033	Introduction to Research and Evaluation in Education	3			
EIPT 5203	Assessment and Evaluation in Education and Counseling	3			
EIPT 5513	Teaching with Technology	3			
EACS 5693	Technology in Educational Administration	3			
EIPT 5973	Classroom Research and Implementation	3			
EIPT 5920	Internship in Education--Master's	1			
EIPT 5183	Motivation and Learning in the Classroom	3			
EIPT 5970	Special Topics/Seminar	2			

ELECTIVES: 12 hours. With advisor approval, select from the following EIPT courses: Psychological Foundations (6153, 6183), Research Methods (5023, 6023, 6043, 6203, 6213), Instructional Design and Technology (5533, 6423, 6313, 6343, 6523). Other courses may be used with Graduate Liaison approval.

TOTAL HOURS: 36 hours required

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** ____