

PROGRAM OF STUDY FOR MASTER'S DEGREE

Please submit original and two copies of this form to the School of Graduate Studies Office, UMC 0900

Name _____ Student No. _____

Address _____ City _____ State _____ Zip _____

Department _____ Phone (____) _____ e-mail _____

Degree sought _____ Degree specialization _____

List specialization on transcript? Yes ' No '

Check one:

Plan A ' (6-15 credits of 6970 required) Plan B ' (2-3 credits of 6970 required) Plan C ' (no 6970 credit)

Term: Summer **Year:** 2002

Title of Course	Dept.	Course No.	Credits	Grade	Remarks
Professional Development in Instructional Technology	INST	6300	1		

Term: Fall **Year:** 2002

Title of Course	Dept.	Course No.	Credits	Grade	Remarks
Current Issues	INST	6870	3		
Development Tools	INST	6500	3		

Term: Spring **Year:** 2003

Title of Course	Dept.	Course No.	Credits	Grade	Remarks
ST: Introduction to Analysis, Design, and Development	INST	6900	3		
Educational Research	EDUC	6550	3		

Term: Summer **Year:** 2003

Title of Course	Dept.	Course No.	Credits	Grade	Remarks
ST: Advanced Design- Develop, Implement, and Evaluate	INST	6900	3		
Communication, Instruction and the Learning Process	INST	6150	3		

Term: Fall **Year:** 2003

Title of Course	Dept.	Course No.	Credits	Grade	Remarks
Producing Distance Education Program	INST	5240	3		
Technology and its Role in the Transformation of Education	INST	6010	2		
Projects in Instructional Technology	INST	6800	2		

Credit Subtotal:

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Name _____ Student No. _____

Term: Summer **Year:** 2004

Title of Course	Dept.	Course No.	Credits	Grade	Remarks
Distance Learning K-12	INST	6380	3		

Term: **Year:**

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term: **Year:**

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term: **Year:**

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Term: **Year:**

Title of Course	Dept.	Course No.	Credits	Grade	Remarks

Credit Subtotal:

Credit Total:

