

TEXAS SOUTHERN UNIVERSITY
Masters of Education Degree Plan
(Secondary) _____ Education Specialization

DATE:		Student ID#			
STUDENT NAME:		Home Phone:			
Address:		Work Phone:			
City/State:		Cell Phone:			
		Email:			
Major: CURRICULUM & INSTRUCTION		Education Minor: N/A			
Master Comprehensive Exam Date:					
English Proficiency Exam Date:		Results:	Passed	Failed	Date:
Applied and Recommended for Candidacy:			Date:		
Applied for Graduation:			Date:		
			Approved:		

Area	Course No.	Hrs	Course Title	Planned	Completed	Grade
Foundations Core (9 schs.)	EDCI 531	3	Classroom Management			
	EDCI 540	3	Curriculum and Instruction			
	EDCI 551	3	Instructional Strategies			
subtotal		9				
Specialization:						
Minimum (18 schs)		3	Courses listed when specialization decided			
		3				
		3				
		3				
		3				
		3				
subtotal		18				
Resources & Research (6 hours)	EDCI 633 or EDFD 633	3	Educational Research			
	EPSY 831	3	Educational Statistics			
subtotal		6				
TOTAL HOURS (minimum)		33				

Approval Signatures:		DATE:	
Advisor:		Department Chair:	
Education Dean:		Graduate Dean:	
Student:			
“I have been informed and understand the contents of this degree plan” _____			

Note: When coming in for a conference concerning your program, always bring a copy of your degree plan.

Copies: Advisor Graduate Dean Education Dean Student