



Program of Graduate Study

Degree Master of Education Major Educational Technology, Library Media Specialist

Name Mr. _____ GCSUID# _____
 Mrs. _____
 Ms last first middle (or SSN)

Address: _____
 street city state ZIP

Telephone: (home) _____ email 1 _____
 (work) _____ email 2 _____

Course Number and Title	Hours	Grades	Semester
EDIT 5202 Instructional Technology for Teachers	3		
EDFS 6224 Introduction to school improvement	3		
EDFS 6225 Identifying problems	3		
EDFS 6226 Models of Inquiry	3		
EDFS 6231 Research for school improvement	3		
EDIT 6254 Operation of The Library Media Center	3		
EDIT 6256 Information Sources and Services in the Media Center	3		
EDIT 6259 Technical Processing of Library Media Materials	3		
EDIT 6263 Information Technologies in the Media Center	3		
EDIT 6268 Selection of Library Media	3		
EDIT 6275 Instructional Design	3		
EDIT 6960 Internship-Media Specialist	3		

Total Hours 36

Student Signature and Date _____ Recommended: _____
 Advisor Signature and Date

Exit e-Portfolio presentation: _____ Recommended: _____
 Department Chair Signature and Date

Coordinator: Please forward this form and all copies to the Graduate Admissions Specialist in the Office of Admissions and records for processing, _____ Approved: _____
 Graduate Coordinator Signature and Date

Processed by: _____ Date _____