WESTERN OREGON UNIVERSITY
MASTER OF SCIENCE IN EDUCATION
MSED Information Technology Program Plan

Content Area: _____ E-mail Address: _____

V#: _____ Home Phone #: _____ Cell Phone#: _____ Work Phone: _____

Name: _____ Address: _____

BA/BS from: _____ City, ST., Zip: _____

Major: _____ Date granted: _____

NOTE: Education Advisor must verify this student has completed an application for admission to the Division of Teacher Education MSED Information Technology Program: _____

Final Evaluation: ___ Comprehensive Examination plus 6-9 hours of additional advisor approved electives
___ Professional Project, Thesis, or Field Study

COURSES			**Institution**	**Term**	**Grade**	**Done**	**Need**
I.	**PROFESSIONAL EDUCATION CORE** (9 quarter hours)						
	ED 612	Quantitative Research in Education					
	ED 646	Philosophy of Education					
	ED 620	Learning/Memory for Instruction					
II.	**INFORMATION TECHNOLOGY CORE** (9 quarter hours)						
	ED 626	Instructional Design					
	LIB 680	Communication Theory					
	LIB 686	Emerging Information Technology					
III.	**ELECTIVES** (27 quarter hrs)						
	Information Technology Electives (21 quarter hours)						
	Exit Electives (6 quarter hours)						

TOTAL QUARTER HOURS
(Minimum 45 hours)

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

APPROVED: Director of Graduate Studies _____ Date: _____

MASTER'S DEGREE COMPLETION DATE: _____ Writtens: _____ Orals: _____