

dmupinga@kent.edu / 330.672.0676

GRADUATE ADVISOR: _____

* Prerequisite or Co-requisite: Six (6) hours undergraduate methods courses to include content in Course of Study/ Curriculum Guide Development and methods of teaching laboratory and related content.

** If taken at undergraduate level, this course cannot be repeated. Career-Technical Education electives may be substituted to meet minimum degree requirements. (32 HRS)

*** I understand that I need to apply for graduation when the coursework is completed. The deadline is the first Friday of the semester of which I want to graduate. (*You are encouraged to apply earlier*) Please check with the EHHS Office of Graduate Studies at 330.672.2576 to confirm.

EDUCATION FOUNDATIONS CORE (6 HRS)

RMS 65510 STATISTICS IN ED SERVICES 3 _____

- OR -

RMS 65511 RESEARCH IN EDUC SERVICES 3 _____

SELECT ONE:

EPSY 65520 CHILD/ADOLESCENT DEVELOP 3 _____

EPSY 65521 ADULT DEVELOPMENT 3 _____

EPSY 65523 LIFE SPAN DEVELOPMENT 3 _____

EPSY 65524 LEARNING THEORIES 3 _____

CULT 65530 FOUND EDUC/HUMAN SVCS 3 _____

CULT 69521 PROF PRACT/MULTICUL SOC 3 _____

CULT 69522 ETHICS IN PROF PRACTICE 3 _____

CAREER-TECHNICAL EDUCATION CORE (15 HRS)*(Must take ALL of the 5 courses listed below unless otherwise approved by your Advisor)*

CTTE 66001 PRINCIPLES & PRACTICES CTTE 3 _____

CTTE 56020 CURRIC DESIGN & APPLICATION 3 _____

CTTE 66003 ANALYSIS OF HUMAN RESOURCES 3 _____

CTTE 66004 PROGRAM EVALUATION IN CTTE 3 _____

CTTE 66005 SPECIAL POPULATIONS IN CTTE 3 _____

CONCENTRATION REQUIREMENTS (11/12 HRS)

* CAREER TECHNICAL TEACHING 11

* SPECIAL NEEDS 12

CONCENTRATION REQUIREMENTS: CAREER-TECHNICAL EDUCATION (11 HRS)

CTTE 56019 COORD CAR TECH COOP ED PROG ** 3 _____

GRADUATE LEVEL TEACHING AREA CONTENT
COURSES, ELECTIVE COURSES AND/OR THESIS 8 _____

NOTES: _____

CONCENTRATION REQUIREMENTS: *SPECIAL NEEDS STUDENTS (12 HRS)

CTTE 56018 DISADVANTAGED YOUTH IN CTTE ** 3 _____

SPED AND/OR CAREER-TECHNICAL SPECIAL NEEDS 9 _____
COURSES AND/OR THESIS

The signatures below verify that I have reviewed the program requirements and expectations with my faculty advisor. Any exceptions to the stated program must be indicated in writing on this prospectus and should be approved within the first term of study.

*Student Signature*_____
*Date*_____
*Faculty Advisor*_____
Date