



**PLAN OF STUDY APPROVAL FORM
MASTER OF EDUCATION
SECONDARY EDUCATION-ACADEMIC DISCIPLINE 0834**

Student's Name: _____ **Student's ID#:** _____

Catalog Year: _____

The graduate student must complete the information below with their academic advisor. The department chair, and the dean's approval is necessary to proceed beyond 12 graduate credit hours in the program.

Approved 18 graduate credit hours of Specialization or Electives:

*(Select 5000-level specialization or electives, **with advisor's approval** to complete the 36 graduate credit hour program. The specialization coursework must be in a specific content area (ie: Math, History, Mass Communication).)*

Student's Signature	Date
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<hr/>		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Advisor or Program Director	Date		

<hr/>		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Department Chair	Date		

<hr/>		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
College/School Dean (Specialization Area)	Date		

<hr/>		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Graduate Dean	Date		