



**MASTER OF EDUCATION INTERDISCIPLINARY STUDIES
PLAN OF STUDY**

Name: _____ Address: _____

Student ID #: _____

Email Address: _____

Phone #: _____ Advisor: _____

Graduate Catalog Year _____

I have read the graduate catalog

<u>COURSES</u>	<u>Credits</u>	<u>Grade</u>	<u>Term</u>
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I. Professional Core (6 Credits)

EDF 501 Research Design and Interpretation	3	_____	_____
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EDF 530 Advanced Human Development and Learning	3	_____	_____
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II. Professional Specialization (27 credits)

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_____	3	_____	_____
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III. Capstone (6 credits)

RD/SPED 599 Thesis	6	_____	_____
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OR

RD/SPED 590 Internship	3	_____	_____
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RD/SPED 597 Action Research Project and Seminar	3	_____	_____
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Total Minimum Semester Credits	39
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Advisor: _____ Date: _____

Student: _____ Date: _____

Chair: _____ Date: _____

Dean: _____ Date: _____

APPROVED: Director of Graduate Studies: _____ Date: _____

MASTERS DEGREE COMPLETION DATE: _____ SIX YEAR EXPIRATION: _____