

Student Name: _____

Student ID#: _____

Student Signature: _____

University of West Georgia - M.Ed. In IT Program - Plan B

Entry Degree: Bachelors

Exit Degree: M. Ed. (36 hrs. required)

This degree does not provide media certification.

Area I - 6 hrs.	Epitome	Sem. Hrs.	Semester	Grade
MEDT 6102	Technology in the Content Areas (1)	3		
MEDT 6402	(OR) Instructional Technology (on permission of advisor) (1)	3		
MEDT 7467	Web Design for Instruction (1)	3		
Area II - 6 hrs.	Learning Theory			
MEDT 7461	Instructional Design (2)	3		
MEDT 7464	Designing Technology Enhanced Instruction (2)	3		
Area III - 3 hrs.	Research			
EDRS 6302	Research Methods in Educational Studies (2)	3		
EDRS 6301	(OR) Research in Education (2)	3		
EDRS 6303	(OR) School Based Research Methods (2)	3		
Area IV - 3 hrs.	Application			
MEDT 7476	Evaluating Technology Enhanced Instruction (3)	3		
Area V - 6 hrs.	Pedagogy			
CEPD 6101	Psychology for Classroom Learning (1,2, or 3)	3		
EDLE 6322	Curriculum for Educational Leaders	3		
EDLE 6323	(OR) Promoting Teaching and Learning (1,2, or 3)	3		
Electives – 12 hrs.	4 of the following courses must be selected in consultation with the advisor.			
Primary Electives	The following courses must be selected in consultation with the advisor.			
MEDT 7462	Internet Tools, Resources & Issues in Education (1,2, or 3)	3		
MEDT 7472	Introduction to Distance Education (1,2, or 3)	3		
MEDT 7475	The Distance Education Professional	3		
Secondary Electives	The following courses must be selected in consultation with the advisor.			
MEDT 6491	Internship	3		
MEDT 6462	Administration of Instructional Technology (1,2, or 3)	3		
MEDT 7466	Digital and 35mm Photography (1,2, or 3)	3		
MEDT 7468	Introduction to Multimedia (1,2, or 3)	3		
MEDT 7470	Videotape Production & Utilization (1,2, or 3)	3		
MEDT 7471	Data Networks for Instruction (1,2, or 3)	3		

(Key: 1 = must be taken at beginning of program; 2 = taken in middle of program; 3 = taken at end of program.)

Masters students must satisfactorily complete and present an instructional project portfolio which will be reviewed at three points during the program.

Student Mailing Address: _____

E-Mail Address: _____

Phone (H) _____ (W) _____

APPROVED: _____

(Advisor Signature)

(Date)

(Department Chair Signature)_____
(Date)