# PLAN OF STUDY:
# MASTER OF SCIENCE IN TEACHING AND LEARNING

Name _____ Tech Id. _____

Address _____ Phone# (_____) _____ - _____

City _____ State _____ ZIP _____

Email _____ File# _____ 20 _____

Bachelor's Degree _____ Major _____

College/Institution: _____ Content Area for Licensure: _____

| Electives or Transfer Credits | | | | | Course work needed for MS in Teaching and Learning | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Dept. | Course No. | Title | Credits | M/T | Dept. | Course No. | Title | Credits | M/T |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | Research Components for Masters degree | | | | |
| | | | | | Chose One | | | | |
| | | | | | KSP | 609 | Research Methods | | |
| | | | | | KSP | 611 | Teacher as Researcher: Cls. Inq. | | |
| | | | | | Chose One | | | | |
| | | | | | KSP | 610 | Scholarly Writing | 3 | |
| | | | | | Research Electives (1 CREDIT) | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

* M=MSU courses, T=transfer course

College/Institution: _____ _____ _____

**Student's Signature** Date

**APPROVED: (HAVE ADVISOR, CONTENT SPECIALIST & GRADUATE PROGRAM COORDINATOR SIGN AND SUBMIT TO THE EDUCATIONAL STUDIES: K-12 AND SECONDARY PROGRAMS (AH 313)). ALL COMMITTEE MEMBERS MUST BE GRADUATE FACULTY**

1. _____ _____
Advisor/Chair of Committee Date

2. _____ _____
Second committee member Date

3. _____ _____
Graduate Program Coordinator's Signature Date

**RETURN TO: EDUCATIONAL STUDIES: K-12 AND SECONDARY PROGRAMS, Armstrong Hall 313, Mankato, MN 56001 (507) 389-1965**

Rev.03/02/05