

DEPARTMENT OF TEACHING AND LEARNING
PEABODY COLLEGE OF VANDERBILT UNIVERSITY

Program of Studies for the Master of Education Degree

(NOTE: Students intending to seek teacher licensure through this program must also complete Audit forms. Completing courses listed here does not assure licensure.)

Name: _____ SS#: _____ Date Filed: _____
Local Address (Campus Box No.) _____ Phone #: _____

Permanent Address: (# and Street)
(City, State, and Zip)

Colleges and Graduates School Attended:

Name Location Degree Year Major Minor

If you are already licensed to teach, please indicate the state and the endorsement area(s) for which you are licensed:

Do you desire Peabody/Vanderbilt to recommend you for (check all that apply):

_____ No (additional) teacher licensure based in this program

_____ *Initial licensure in _____
Specific area(s)

_____ Amended licensure to reflect higher degree

_____ *Additional endorsement in _____
Specific area(s)

*If this item is checked, separate Audit forms must have already been submitted or must accompany this form.

APPROVAL REQUESTED

I understand that this Program of Studies is for my Master's Degree and that completing all courses on it does not assure that I will qualify for teacher licensure. If I wish to be recommended for licensure, I must complete a separate Audit form.

Date: _____ Student: _____

APPROVED:

Date: _____ Major Professor: _____

Date: _____ Director of Graduate Studies: _____

Date: _____ Associate Dean of Academic Affairs: _____

Program of Studies
 M.Ed. Degree
 Page Two

Courses listed on this page must total at least 30 semester hours of credit, at least one-half of which must be in courses intended exclusively for graduate students. Please list transfer credit or exemptions within your program of study. See program requirements in major area of study for specific number of hours in each area:

Major:

Thesis Program: _____ Intended Thesis Subject: _____

Non-Thesis Program: _____ Capstone Experience for _____ Semester Non-licensure
 _____ Capstone Experience for _____ Semester Licensure Only

GRADUATE-LEVEL COURSES IN THE PROFESSIONAL CORE

<u>Discipline & Course #</u>	<u>Course Title</u>	<u>College</u>	<u>Semester (to be) taken</u>	<u>Semester Hrs. Credit</u>	<u>Substitutes for</u>
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GRADUATE-LEVEL COURSES IN MAJOR

<u>Discipline & Course #</u>	<u>Course Title</u>	<u>College</u>	<u>Semester (to be) taken</u>	<u>Semester Hrs. Credit</u>	<u>Substitutes for</u>
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OTHER GRADUATE-LEVEL COURSES, ELECTIVES OR RELATED FIELDS

<u>Discipline & Course #</u>	<u>Course Title</u>	<u>College</u>	<u>Semester (to be) taken</u>	<u>Semester Hrs. Credit</u>	<u>Substitutes for</u>
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