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: ___________________________________________ Student Number: _______________________

Local Address: ___________________________________________ Phone #: _______________________

Email: ___________________________________________

Colleges and Graduates School Attended:

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Degree</th>
<th>Year</th>
<th>Major</th>
<th>Minor</th>
</tr>
</thead>
</table>

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: __________________________________

Name of Major Professor: __________________________________________

Date: _______________ Director of Graduate Studies: ________________________

Date: _______________ Associate Dean of Academic Affairs: __________________
Courses listed on this page must total at least 31 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

<table>
<thead>
<tr>
<th>Discipline &amp; Course #</th>
<th>Course Title</th>
<th>College</th>
<th>(to be) taken</th>
<th>Hrs. Credit</th>
</tr>
</thead>
</table>

### GRADUATE-LEVEL COURSES IN MAJOR

<table>
<thead>
<tr>
<th>Discipline &amp; Course #</th>
<th>Course Title</th>
<th>College</th>
<th>(to be) taken</th>
<th>Hrs. Credit</th>
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### OTHER GRADUATE-LEVEL COURSES, ELECTIVES OR RELATED FIELDS

<table>
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<tr>
<th>Discipline &amp; Course #</th>
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