Georgia Southern University
Jack N Averitt College of Graduate Studies
Official Education Specialist Program of Study Form

Last Name	*First Name*	*Middle*	*ID#*
Street Address			*Home Phone:*
City	*State*	*Zip*	*Work Phone:*
Email Address:			*Degree:* EDS
Major: Teaching and Learning	*Study Concentration* None		

The Program of Study must be submitted to the College of Graduate Studies for final approval not later than the end of the semester ***prior*** to the expected graduation term. Fifty percent of the courses applicable toward the degree must be courses in which enrollment is restricted to graduate students.

Dept	Course #	Course Title	Cr Hrs	Sem/Yr Taken	Grade	
EDUR	8131	Educational Statistics I	3			
EDUR	8434	Field-Based Educational Research	3			
ESED	8839	Seminar and Field Study	3			
ESED	8130	Research on Current Trends and Issues	3			
ESED	8131	Teacher Leadership	3			
ESED	8132	Curriculum and Instruction	3			
ITEC	8231	Transforming Learning with Technology	3			
Electives						
Transfer Courses – (Limited to 6 Cr Hr)						**Transfer From**
		Total Hours:	**21**			

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Program Director or Dept Chair: _____ Date: _____

College of Graduate Studies: _____ Date: _____