Georgia Southern University
Jack N Averitt College of Graduate Studies
Official Master's of Education Program of Study Form

Last Name	*First Name*	*Middle*	*ID#* - -
Street Address			*Home Phone:* - -
City	*State*	*Zip* -	*Work Phone:* - -
Email Address:			*Degree:* M.Ed.
Major: Accomplished Teaching	*Study Concentration:* Select One		

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	
EDAT	7000	Research Methodology in Ed	3			
EDAT	7133	Trends, Issues, & Res in Ed	3			
EDAT	6159	Multicultural St across Curr	3			
EDAT	7131	Enhancing Student Performance	3			
EDAT	6226	Curr Design for Student Ach	3			
EDAT	6115	Knowledge of Stds & Learning	3			
EDAT	7132	Framework for Teaching	3			
EDAT	6001	Using Assess Imprv T & L	3			
EDAT	6000	Professional Decision Making	3			
Electives						
			3			
			3			
			3			
Transfer Courses – (Limited to 6 Cr Hr)						**Transfer From**
		Total Hours:	**36**			

Advisor Signature: _____ Date: _____

Program Director or Dept Chair: _____ Date: _____

College of Graduate Studies: _____ Date: _____