

## Approved Degree Plan - Master of Education Individualized Degree Program/Educational Therapist 05/30/08

Name \_\_\_\_\_ ID#: \_\_\_\_\_

First Semester Enrolled: \_\_\_\_\_ Anticipated Degree Date: \_\_\_\_\_

Course Code	Course Title (and semester offered)	Hrs.	Semester Taken <u>OR</u> To Be Taken
<b>CORE REQUIRED COURSES</b>			
EDIP 540	Philosophy & Issues of Education	3	
EDIP 541	Developmental Leadership	3	
EDIP 542	Introduction to Curriculum & Instruction	3	
EDIP 543	Technology in Education	3	
EFND 598	Professional Project	1-2	
<b>OTHER REQUIREMENTS (must be completed during first semester)</b>			
ACAD WRIT	Academic Writing Seminar (if not exempt)	0	
EFND 500	Orientation/Professional Concerns	0	
EDUC 500	Online Orientation	0	
UNIV LIB	Library Course – Info. Research & Resources	0	
<b>NILD REQUIRED COURSES</b>			
EDLD 515/GSAS 515ND	Instructional Methods for Students with Learning Needs – Level I	3	
EDLD 520/GSAS 520ND	Instructional Methods for Students with Learning Needs – Level II	3	
EDLD 525/GSAS 525ND	Instructional Methods for Students with Learning Needs – Level III	3	
<b>ADDITIONAL REQUIRED COURSES</b>			
EDLD 530/GSAS 530ND	Methodologies of Instruction for Educational Development	3	
	Elective*	3-4	
EDLD 585/GSAS 585ND	Field Experience	1	
EDLD 595/GSAS 595ND	Internship	2	
	<b>Total Program Hours</b>	<b>32</b>	

\*May choose from elective courses in the School of Education or from other schools at Regent University

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_