Oral Roberts University Graduate School of Education
Degree Plan for Master of Arts in Education
TEACHING WITH CERTIFICATION—SECONDARY (CSTC)

Last Name First Middle Date:

Address Apt. No. Z#:

City State Zip Code Phone: (Home) ( )

Phone: (Work) ( )

E-Mail:

ORU Requirements—(3.0-3.5 hours)

	Prefix	Number	Course Title	Hours	Transferred	Date to Enroll	Date Completed	Grade	Credit
◊	GTHE	507	Holy Spirit in the Now	2					
◊	GHPE	503	Graduate Health Fitness	1					
	GHPE	____	Aerobics/Activities	0.5-1.0					
								Total:	

Professional Education—(16 hours)

	Prefix	Number	Course Title	Hours	Transferred	Date to Enroll	Date Completed	Grade	Credit
+□	GPED	503	History and Philosophy of Education	3					
◊	GPED	513	Human Growth and Development	3					
◊	GPED	553	Introduction to Special Education	3					
+	GPED	572	Classroom Management and the Law	3					
◊	GPED	582	Educational Assessment	3					
	GPED	690	Directed Study	1					
								Total:	

Methods Classes—(3 hours)

	Prefix	Number	Course Title	Hours	Transferred	Date to Enroll	Date Completed	Grade	Credit
	GPED	641	Instructional Methods and Strategies K-12	3					
								Total:	

Intern/Student Teaching (11 hours)

	Prefix	Number	Course Title	Hours	Transferred	Date to Enroll	Date Completed	Grade	Credit
	GPED	571	Professional Education Seminar/Portfolio	1					
and	GPED	685	Middle (6/7-8/9)	5					
and	GPED	695	Secondary (9/10-12)	5					
or	GPED	650	Student Teaching Away*	10					
								Total:	

Emphasis Area—(3 hours)

	Prefix	Number	Course Title	Hours	Transferred	Date to Enroll	Date Completed	Grade	Credit
+Λ	GPED	683	Educational Research Design	3					
								Total:	

Total Hours 36-36.5 Transfer Total: _____

□ Available in Summer Institute
◊ Available by correspondence
+ Available as module
Λ Available on-line

*$1,000.00 student teaching away (50 mi. radius from ORU)

GRE or MAT taken? **Yes** _____ **No** _____ **Score** _____

Note: This is a prescribed degree plan. By signing below, the candidate signifies that he or she has read the supplemental information regarding:

- **The order that the courses must be taken**
- **State exam requirements**
- **Comprehensive exam requirements**
- **Portfolio requirements**
- **Technology**

Signed, Student Date

Signed, Advisor Date Signed, Graduate Chair Date Signed, Dean Date

** See Reverse Side for Course Substitutions*

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Approved Course Substitutions

Prefix	Number	Course Title	Hours	Transferred	Date to Enroll	Date Completed	Grade	Credit

Total: _____

Comments/Notes: