



Name: \_\_\_\_\_ Date entered C&IT: \_\_\_\_\_

Student Number: \_\_\_\_\_ Student Status: \_\_\_\_\_

Address: (H) \_\_\_\_\_ Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_ Phone: (W) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Professional Education (6 hours)**

	Term	Gr.	Hrs	Sub.
ITED 7070 or RSCH 7100	_____	_____	3	<input type="checkbox"/> _____
ITED 7100	_____	_____	3	<input type="checkbox"/> _____
EDUC 5999	_____	_____	0	<input type="checkbox"/> _____

**Instructional Technology Core (12 hours)**

ITED 7200	_____	_____	3	<input type="checkbox"/> _____
ITED 7300	_____	_____	3	<input type="checkbox"/> _____
ITED 7400	_____	_____	3	<input type="checkbox"/> _____
ITED 7500	_____	_____	3	<input type="checkbox"/> _____

**Area of Specialization (9 hours)**

Guided selection from the following:

	Term	Gr.	Hrs	Sub.
CIED 7060	_____	_____	3	<input type="checkbox"/> _____
ITED 7040	_____	_____	3	<input type="checkbox"/> _____
ITED 7050	_____	_____	3	<input type="checkbox"/> _____
ITED 7301	_____	_____	3	<input type="checkbox"/> _____
ITED 7302	_____	_____	3	<input type="checkbox"/> _____
ITED 7303	_____	_____	3	<input type="checkbox"/> _____
ITED 7401	_____	_____	3	<input type="checkbox"/> _____
ITED 7403	_____	_____	3	<input type="checkbox"/> _____

**Guided Elective (3 hours)**

\_\_\_\_\_ 3  \_\_\_\_\_

**Internship (3 hours)**

ITED 7399 \_\_\_\_\_ 3  \_\_\_\_\_

**Checklist**

- Dispositions Survey (Pre) \_\_\_\_\_
- Dispositions Survey (Post) \_\_\_\_\_
- Graduation Application \_\_\_\_\_
- Portfolio Approved \_\_\_\_\_

**GA Technology Proficiency requirement met (InTech)**

- yes  no

**Level of Certification held** \_\_\_\_\_

**If not certified, the following must be satisfied before participating in course projects carried out in schools:**

- Proof of Liability Insurance  
 (If candidates are hired as teachers, they should join one of the professional associations as an educator if they do not have a letter/e-mail from their school district that covers their liability as a student. Those candidates who are not employed as educators/other school personnel must provide evidence of professional liability coverage.)
- Purpose Code W Criminal background check

\_\_\_\_\_  
 Advisor's Signature

\_\_\_\_\_  
 Student's Signature