

Program of Study for Educational Specialist in Media (Ed.S.)
 Instructional Technology (IT) or School Library Media (SLM) Concentration
University of West Georgia

Name _____ ID# _____

Student Signature _____ Date Completed _____

Admission Requirements

Instructional Technology

Entry Degree: Master's **Entry Certification:** None (if not seeking S-6 certification)
 T, S, L, PL or Life (if seeking S-6 certification) **Exit Degree:** Ed.S.

School Library Media

Entry Degree: Master's **Entry Certification:** S-5 in School Library Media **Exit Degree:** Ed.S.

Core Courses

	IT	SLM	Semester/ Year	Grade
MEDT 7469 Supervision of School Library Media Program		Required		
MEDT 8461 Diffusion of Innovations	Required	Required		
MEDT 8462 Leading and Managing Instructional Technology Programs	Required			
MEDT 8463 Issues in Instructional Technology (taken as first course in the program)	Required			
MEDT 8464 Issues in School Library Media		Required		
MEDT 8480 Program Evaluation (taken as last course in the program)	Required	Required		
MEDT 8484 Research on Media and Instructional Technology	Required	Required		

Elective Courses (Choose 4)

	IT	SLM	Semester/ Year	Grade
MEDT 7464 Designing Technology-Enhanced Instruction*				
MEDT 7469 Supervision of School Library Media Program				
MEDT 7471 Data Networks for Instruction				
MEDT 7472 Introduction to Distance Education**				
MEDT 7473 Advanced Multimedia				
MEDT 7475 Distance Education Professional***				
MEDT 7476 Assessing Learning in Technology-Enhanced Instruction*				
MEDT 7485 Special Topics in Media				
MEDT 7490 Visual & Media Literacy for Teaching & Learning*				
MEDT 8464 Issues in School Library Media				
CEPD 8102 Life Span Human Development				

*These electives are required courses for candidates seeking Instructional Technology certification in Georgia.

**MEDT 7461 or 7464 is a prerequisite for MEDT 7472.

***MEDT 7472 is a prerequisite for MEDT 7475.

Students must pass the appropriate GACE Content Assessment in order to be certified.

Student Mailing Address _____

Email _____ **Day/Cell Phone** _____

APPROVALS: Academic Adviser _____ **Date** _____

Department Chair _____ **Date** _____