



**SPECIALIZATION APPROVAL FORM  
MASTER OF EDUCATION  
SECONDARY EDUCATION-ACADEMIC DISCIPLINE 0834**

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**Student's Name:** \_\_\_\_\_ **Student's ID#:** \_\_\_\_\_

**Catalog Year:** \_\_\_\_\_

**Approved 18 graduate credit hours of Specialization or Electives:**

Select 5000-level specialization or electives, **with advisor's approval** to complete the 36 graduate credit hour program. The specialization coursework must be in a specific content area (ie: Math, History, Mass Communication).

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Student's Signature

Date

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Advisor or Program Director

Date

Approved

Disapproved

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MEd Department Chair

Date

Approved

Disapproved

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College/School Dean (Specialization Area)

Date

Approved

Disapproved

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Graduate Dean

Date

Approved

Disapproved