



**I. Applicant Information**

Keller                      Stacy                      McWatters  
LAST NAME                      FIRST NAME                      MIDDLE                      FORMER NAME  
3224 A Evergreen Circle   Tobyhanna                      PA                      18466  
MAILING ADDRESS                      CITY                      STATE                      ZIP CODE + 4 DIGITS  
570.369.2645                      stacy-keller@hotmail.com  
HOME PHONE                      PROFESSIONAL EMAIL ADDRESS

**II. Program Information**

- Master's Degree:     M.A.     M.Ed.     M.P.H.     M.S.
- Major (Academic Program):    Instructional Technology
- Area of Concentration (if applicable): \_\_\_\_\_
- Option:     Thesis/Research     Non-Thesis/Non-Research     Other \_\_\_\_\_
- Semester & Year of 1<sup>st</sup> Matriculation into Degree, Major, & Concentration/Option:    Fall 2011
- Catalog Year in Effect: 2011/2012    Projected Semester & Year of Graduation:    Spring 2013
- Coursework Requirements:
 

|  |                  |
|--|------------------|
| # Credits in Major Courses                           | <u>27</u>        |
| # Credits in Concentration/Related Area              | <u>6</u>         |
| # Credit Electives                                   | <u>←</u>         |
| # Credits Transfer                                   | <u>0</u>         |
| <b>Total # of Credits Required in Degree Program</b> | <b><u>33</u></b> |
- Examination Requirements:     Comprehensive Exam     Oral Exam     NA
- Research Requirements:     Thesis     Research Problem     NA

**III. Applicant Signature**

Signature below acknowledges responsibility of the student to adhere to the established academic policies, program requirements, and other procedures as stated in the Graduate Catalog in effect at the time of the matriculation in the program. Further, once approved, any changes to the program requirements must be delineated and fully approved in a Plan of Study Change Addendum. Finally, all requirements identified in the Plan of Study must be fulfilled for conferral of the degree.

Stacy Keller                      9/13/12  
Signature                      Date

**IV. Faculty and Administrative Approval**

Signature designates approval of the applicant's Plan of Study and admission to candidacy for the stated graduate degree and academic major.

|                                     |                     |                                 |                     |
|-------------------------------------|---------------------|---------------------------------|---------------------|
| <u>[Signature]</u>                  | <u>9/13/12</u>      | <u>[Signature]</u>              | <u>9/13/12</u>      |
| <small>Graduate Advisor</small>     | <small>Date</small> | <small>Department Chair</small> | <small>Date</small> |
| <u>[Signature]</u>                  | <u>9/13/12</u>      | <u>[Signature]</u>              | <u>10/24/12</u>     |
| <small>Graduate Coordinator</small> | <small>Date</small> | <small>Graduate Dean</small>    | <small>Date</small> |

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