MEd with Coursework Only Program Worksheet for Students (Effective September 2024)

Student Name:	Student Number: Postal Code:				
Address:					
Email:	Phone:	(H)	(w)		
Full TimePart timeProgra	m Start Date:	(Y/M/D) End da	te:(Y/M/D)		
Supervisor:	Email:Phone:		ne:		
Program Requirements:					
Required Education Course: (3 credits	s)				
EDUC 502 - Teacher as Researcher			(3)		
Okanagan Scho can be taken at	ol of Education (OSE) with the 400-level.	n approval. A maximum o	of six (6) credits (3)		
		_	(3)		
·			(3)		
		_	(3)		
		_	(3)		
			(3)		
		_	(3)		
		_	(3)		
			(3)		
		Total Credits	30		
Please submit completed form electron	ically to <u>lindsay.cox@ub</u>				
Signature of Supervisor:		Date:			

Planning Worksheet

Name of Student:								
Start Date:	End Date:							
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Year	Winter Term I	Winter Term II	Summer Term I	Summer TermII	Summer Term II			
	(Sept-Dec)	(Jan-Mar)	(April-June)	July-August	July-August			
Notes:								