February 25, 2019

Graduate Plan of Study – Teacher Education Department

## Information Technology Endorsement for PK-12

 **Required Courses**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course No. | Course Title | Grade | Hours | Sem Taken/Planned |
| TED 8006 | Methods of CS Education (Fall) |       | 3 |       |
| CSTE 8020Or CSTE 8030 | Exploring CS for Teachers (Spring)CS Principles for Teachers (Fall) |       | 3 |       |
| CSTE 8040 | Object Oriented Principles for Teachers (Summer) |       | 3 |       |
| CSCI 8366 | Foundations of Information Assurance (Fall/Spring) |       | 3 |       |
| CSCI 8836Or CSCI 8256Or CSCI 8266 | Software Engineering (Fall/Spring/Summer)Human-Computer Interaction (Fall)User Experience Design (Spring) |       | 3 |       |
| ***Elective*** *(see advisor):*  |       |  |       |
| CSCI 8010 Foundations of Computer Science (Fall) |       | 3 |       |

 **Transfer Credit**: (Official transcript for completed hours must be on file with the Office of Graduate Studies before this plan of study can be approved.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course No. | Course Title & Institution | Grade | Hours | Replaces  |
|       |       |       |       |       |
|       |       |       |       |       |

#  Total Hours Required: 15

CSCI = Computer Science

CSTE = Computer Science Teacher Education



Teacher Education Department

**Graduate Plan of Study**

**Information Technology Endorsement**

Type or Print

**Personal Data**

|  |  |
| --- | --- |
| Name:       | Previous Name:       |
|  |  |
| Address:       |
|  |
| City:        | State:       | Zip:       |
| Email:       | NU ID #:       |

Valid teaching certificate: yes [ ]  no [ ]

After completion of the courses on this plan of study, you must apply to the Nebraska Department of Education to add this endorsement and then contact the College of Education’s Student Services Office (unocertification@unomaha.edu) to request that institutional verification be sent to NDE.

Any changes to this plan of study must be approved, in writing, by your advisor and the Chair of the TED Graduate Program Committee.

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Student** |  | **Date** |  |  | **Graduate Program Chair** |  | **Date** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Advisor** |  | **Date** |  |  | **Department Chair** |  | **Date** |