UNIVERSITY OF MANITOBA

Faculty of Education

Ph.D. Program Approval Form
Ad Hoc (124H)
Education for Transformative Teaching, Learning & Leading Cohort
24 credit hours are required*

*Courses taken beyond the maximum of 24 credit hours must be designated as Auxiliary (X) or Occasional (O).
A rationale for 'fit' of "X" courses into the program is required.

Name _____ Student Number _____ Date _____

Address _____ Bus. Phone _____ Home Phone _____

_____ University E-mail Address_____

Program Area (12 credit hours)	Credit Hours	+ Year to be taken	Completed	Comments
EDUC 7030 Doctoral Tutorial in Education	3			
Critical Theorizing about Education	3			
Socio-Cultural & Socio-Political Perspectives on Teaching &Learning	3			
Leading Curriculum Change for Social Justice	3			
Support Area (6 credit hours)				
# Title:				
# Title:				
# Title:				
Research Method (6 credit hours)				
# Title: Critical Research Methodologies in Education	3			
# Title:				
# Title:				
TOTAL CREDIT HOURS (24)				
GRAD 8010 Candidacy Exam--Prerequisite to EDUC 7030 Doctoral Tutorial				
GRAD 8000 Thesis				

+ A future graduate course offering schedule is posted on the faculty's website: http://wwwapps.cc.umanitoba.ca/faculties/education/grad/rotation/.
Advisors and students should plan column "Yr to be taken" in conjunction with this schedule. This column is intended to assist program planning and does not guarantee a place in the course in that year. In unforeseen circumstances, the Faculty may need to modify this schedule. In such cases the advisor and student may need to change the program by completing a Program Add/Delete Approval Form.

Advisory Committee Names and Signatures: Copies:

Printed Name_____ Signature_____ DSC Approval Date _____ ☐
          (Program Advisor)

Printed Name (Educ)_____ Signature_____ DSC Approval Date _____ ☐

Printed Name (Int/Ext)_____ Signature_____ DSC Approval Date _____ ☐

Printed Name_____ Signature_____ DSC Approval Date _____ ☐

_____   _____   _____
Student Signature   Department Head Signature   Date Signed by Department Head

Copies to be distributed by Student Services Office:

Student Services Office File (Original) ☐   Advisor ☐   Student ☐