



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			
<b>Support Area (6 credit hours)</b>				
# Title:				
# Title:				
# Title:				
<b>Research Method (6 credit hours)</b>				
# Title: Critical Research Methodologies in Education	3			
# Title:				
# Title:				
<b>TOTAL CREDIT HOURS (24)</b>				
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: <a href="http://wwwapps.cc.umanitoba.ca/faculties/education/grad/rotation/">http://wwwapps.cc.umanitoba.ca/faculties/education/grad/rotation/</a> . 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

**Note:** This program approval is not **valid** until the student has met all **requirements for admission** to the program. Courses taken pending approval of this program are coded as **non-credit** (OS) and subsequently credited toward the degree only if they are included in this approved list. Any substitutions require a rationale and Associate Dean's approval.

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