



**College of Education and Professional Development**  
**PLAN OF STUDY: Certificate in Instructional Technology & Learning**

NAME: \_\_\_\_\_ MU ID: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
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Failure to return the signed Plan of Study within 30 days will automatically indicate acceptance of the Plan of Study. Coursework included as a part of this Plan of Study must not be older than seven years at the time of graduation. All coursework that candidates wish to transfer from other institutions must be approved by Marshall University. Candidates should submit a **Graduate Certificate Program Completion** form (accessible @ <http://www.marshall.edu/graduate/current-students/forms-and-information-2/>) by the published deadline during the final semester of course work. This specialization does not lead to additional licensure.

**Certificate in Educational Computing (18 hours)**

COURSE	TITLE	SEM/YR*	GRADE	HOURS	NOTES
CIEC 534	Applications Software in the Classroom Curriculum Area	Fall, Spr, Smr		3	
CIEC 600	Instructional Design & Technology	Fall		3	
CIEC 615	Online Course Development & Delivery	Spr (even)		3	
CIEC 630	Authoring Systems & Multimedia	Fall (even)		3	
CIEC 635	Using the Internet in the Classroom	Fall, Spr, Smr		3	
CIEC 699	Final Project in Educational Computing	Spr		3	

Total Hours: 18

_____	_____	_____	_____
Candidate	Date	Advisor	Date
_____	_____	_____	_____
Program Director	Date	Dean	Date

\*Semesters of course offerings are subject to change. Please stay in touch with your academic advisor.