

California State University, Long Beach
College of Natural Sciences and Mathematics
Science Education Department

Advancement to Candidacy Form

Student Name _____ Student ID# _____ Signature _____ Date _____
(First, Last, MI)

Address _____ City, State, Zip _____

Email Address _____ Phone Number _____

Graduate Program for the Master of Science in Science Education; Option: Secondary Science Education

	Dept.	No.	Title	Units 400-level	Units 500/600level	Semester Taken e.g. F16/S17	Grade
<i>Core Science Education courses</i>	SCED	550	<i>Current Issues & Research in Science Education</i>		3		
	SCED	551	<i>Science Teaching, Learning & Curriculum Models</i>		3		
	SCED	552	<i>Nature of Science</i>		3		
<i>Graduate Science Courses</i>							
<i>Research Methodology Courses</i>					3		
<i>Elective</i>							
<i>Directed Research</i>	SCED	697	<i>Directed Research</i>				
<i>Thesis/Project Units</i>	SCED	698	<i>Project</i>				
Total Units:							

Deficiencies: _____

Professional Presentation: _____

Approvals*

Thesis Chair: _____ Date _____

Graduate Advisor: _____ Date _____

Department Chair: _____ Date _____

Associate Dean (CNSM): _____ Date _____

* Any modification to this program requires the approval of the student's Thesis Chair, the Department Chair, and the Associate Dean, CNSM