

Eastern Michigan University
Department of Sociology, Anthropology, & Criminology
Teacher Education Department

Graduate Program of Study: **SCHOOLS, SOCIETY, & VIOLENCE**

Student Name _____	Student Number _____
Address _____	Phone _____
City _____ State _____	Zip Code _____ Email _____
Term Entered: _____	Admission Decision: _____

Master's degree 31 semester hours	Credit Hours	Session Completed	Remarks
Core Courses: Crime, Conflict, and Cooperation (19 hrs)			
Foundational Requirement			
CRM/SOC 505: Violence/Non-Violence	3		
SOCL 678: Methods of Social Program Evaluation	3		
Research Methods Requirement			
EDPS 687: Qualitative/Interpretive Research	3		
Theoretical Course Requirements			
SOFD 572: History of American Education	3		
SOFD 580: Sociology of Education	2		
CRM 550/SOCL 550: Domestic Violence & Sexual Assault	3		
SOCL 508: Social Psychology	2		
Substantive Focus: Discipline, Schooling, & Social Control (8-12 hours)			
Core Courses (5 hrs)			
SOFD XXX: Peace Education	3		
SOFD 541: Field Studies in Education	2		
Restricted Elective Courses <i>Choose 3-7 hours from the following:</i>			
CRM 650: Media, Crime, and Justice (3 hrs)			
CRM 697/698/699: Independent Study (1/2/3 hrs)			
SOCL 697/698/699: Independent Study (1/2/3 hrs)			
EDPS 617: Children in Poverty: Educational Implications (2 hrs)			
SOFD 535: Multicultural and International Education (2 hrs)			
SOFD 581/WMST/ 581: Gender and Education (3 hrs)			
Elective Course (0-3 hrs)			
Thesis/Non-Thesis Project (0-4 hours): Choose one option below			
Option I: Thesis (4 hours): Choose four hours from the following combinations, with guidance from your advisor: SOFD 690/691/692: Thesis (1/2/3 hrs); SOCL 690/691/692: Thesis (1/2/3 hrs)			
Option II: Non-Thesis Project (0 hours): Non-thesis students must submit two essays dealing with a methodological, theoretical, and/or practical problem in power, crime, conflict, and cooperation within the schools that reflects the interests of the student and readers.			
TOTAL			

Signature of Advisor _____ Date _____

Signature of Advisee _____ Date _____

Mid-Point Review: Satisfactory Unsatisfactory **Form submitted:** **Date** _____