DEPARTMENT OF EDUCATION LEADERSHIP, RESEARCH AND TECHNOLOGY

DOCTORAL OF PHILOSOPHY IN
EVALUATION, MEASUREMENT AND RESEARCH (EMR)

Student Name: _____ _____ _____ _____
(Last name)   (First name)   (Middle name)   WIN

Previous Degrees   **Masters:** _____
(Date, Degree, Institution, Program of Study)

Undergraduate: _____
(Date, Degree, Institution, Program of Study)

PROGRAM OF STUDY

Credit hours earned at Western Michigan University or elsewhere prior to admission to the specialist or doctoral program are identified with an asterisk (*). Official transcripts showing the completion of credit to be transferred from other institutions must be on file in the Graduate College prior to approval of the program. The EMR Ph.D. requires 93 hours of coursework post baccalaureate degree.

If a student is admitted with an existing master's degree, different credit minima can be established with advisor approval subject to the established minimum degree requirement established by the Graduate College, e.g., minimum of 30 credits plus at least 15 credits for dissertation research must be completed at Western Michigan University.

Pre-Doctoral Core

Course Number	Course Title	Hours	Semester/ Year
EMR 5400	Fundamentals of Evaluation, Measurement, and Research	3	
EMR 5410	Introduction to Educational Measurement and Assessment	3	
EMR 6420	Evaluation I: Theory Methods and Program Evaluation	3	
EMR 6430	Evaluation II: Evaluating Products, Personnel, and Policy	3	
EMR 6450	Data Analytics I: Designed Studies	3	
EMR 6480	Qualitative Research Methods	3	
EMR 6490	The Nature of Science and Scientific Inquiry	3	
EMR 6500	Survey Research	3	

Hours:

EMR Doctoral Core

Course Number	Title	Hours	Semester/ Year
EMR 6410	Fundamentals of Measurement in the Behavioral Sciences	3	
EMR 6510	Advanced Applications of Measurement Methods	3	
EMR 6520	Evaluation Practicum	3	
EMR 6550	Experimental and Quasi-Experimental Designs for Applied Research and Evaluation	3	
EMR 6580	Qualitative Research Practicum	3	
EMR 6650	Data Analytics II: Correlational Studies	3	
EMR 6600*	Advanced Seminar: Research	3	
EMR 6610*	Advanced Seminar: Measurement	3	
EMR 6620*	Advanced Seminar: Evaluation	3	

*One of the three is required to be taken once, but may be taken 3 times, once under each course number.
<u>Seminar Requirement.</u> One 3-credit hour seminar {EMR 6600, 6610, 6620} is required for all Ph.D. students.

Hours:

Electives (minimum 9 hours)

Course Number	Title	Hours	Semester/ Year
EMR 6560	Mixed Methods Research	3	
EMR 6680	Qualitative Research: Computer Assisted Data Analysis	3	
EMR 6710	Structural Equation Modeling	3	
EMR 6750	Applied Multivariate Statistics	3	
EMR 6770	Ethnographic Research Methods	3	
EMR 6850	Hierarchical Linear Modeling	3	
EMR 6970	Special Topics in EMR	3	

Hours:

Dissertation/Professional Field Experience

Course Number	Title	Hours	Semester/ Year
EMR 7120†	Professional Field Experience	3	
EMR 7120†	Professional Field Experience	6	
EMR 7300†‡	Dissertation	15	

Hours:

†The 3-credit professional field experience, 120 hours of work must be completed in one semester. For example, in one long semester, this would be approximately 10 hours per week. For a summer semester, this would be approximately 20 hours per week. For the 6-credit professional field experience, 240 hours of work must be completed in one semester. In one long semester, this would be approximately 20 hours per week and approximately 40 hours per week for a summer semester. The 6-credit professional field experience cannot be broken into different semesters.

†‡Following a student's first enrollment in the courses Master's Thesis (7000) or Dissertation (7300), the student must have continuous enrollment in that same course until all thesis or dissertation requirements are completed satisfactorily and approved by all appropriate bodies. (*Graduate Catalog*)

Cognate Requirements

An 18-credit hour program in Cognate is required of all Ph.D. program participants. Cognate studies may be taken from any content area approved by the student's Doctoral Program.

Course Number	Title	Hours	Semester/ Year

Hours:

Total Program Hours:

Program Approval Signatures

Student: _____ **Date:** _____

Advisor: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Signed copies to: Graduation Auditing, Student, Advisor(s), and Department