

Date: _____

Catalog: _____

Anticipated Graduation: _____

PROGRAM OF STUDY
Master of Education
Literacy

Full Name: _____

SID#: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

| Course | Title of Course | Sem Hrs | Anticipated Semester Completed | Grade |
|----------------------------------|---|-----------|--------------------------------|-------|
| Professional Core Courses | | | | |
| EDUC 640 | Educational Research, Design, and Analysis | 3 | | |
| EDUC 681 | Advanced Educational Psychology | 3 | | |
| Literacy Courses | | | | |
| READ 605 | Literacy Foundations | 3 | | |
| READ 615 | Literacy for Learners with Limited English Proficiency And/or Other Diverse Needs | 3 | | |
| READ 616 | Practicum in Assessing and Teaching English Language Learners | 3 | | |
| READ 620 | Literacy Strategies for Struggling Learners | 3 | | |
| READ 625 | Written Expression Across the Grades | 3 | | |
| READ 635 | Basic Literacy Diagnostics and Instructional Practices | 3 | | |
| READ 645 | Content Area Reading and Writing for Middle Level and Secondary Students | 3 | | |
| READ 636 | Action Research to Improve Literacy Instruction | 3 | | |
| READ 655 | Advanced Coaching in Literacy Education | 3 | | |
| READ 665 | Capstone: Literacy Coaching Practicum | 3 | | |
| Total Semester Hours | | 36 | | |
| | | | | |
| | | | | |

Student Date

Advisor Date

Chair, Curriculum & Pedagogy Date

Director of GS, COE Date

Records & Registration Date

Copies: (1) Records & Registration (2) Advisor (3) Student (4) Director of GS, COE