

# M.A.T./Reading/Leading to Professional Licensure

CLASS ENTERING 2008

TO BE SUBMITTED DURING THE SECOND TERM OF ENROLLMENT IN THE PROGRAM,  
PRIOR TO THE OPENING OF REGISTRATION FOR THE THIRD TERM OF ENROLLMENT

NAME \_\_\_\_\_ ANTICIPATED COMPLETION DATE \_\_\_\_\_

SEMESTER/YEAR

BC ID \_\_\_\_\_  TELL (Teaching English Language Learners)

COURSE NUMBER AND TITLE	CREDITS	SUMMER	FALL	SPRING	T/S*
ED 592 Language and Literacy Development	3				
ED 595 Assessment and Instruction of Students with Reading Difficulty	3				
ED 621 Bilingualism, Second Language and Literacy Development (TELL)	3				
Two (2) graduate courses in Reading** _____ _____	6				
ED 346 Teaching Bilingual Students (TELL)	3				
ED 678 Advanced Classroom Research	3				
Three (3) graduate pedagogical courses related to the academic discipline** _____ _____ _____	9				
ED 888 Master's Comprehensive Examinations	0				
Total credits	30				

This coursework leads to acquiring Professional Licensure, but it does not guarantee Professional Licensure. All candidates applying for Professional Licensure must possess an Initial License in the area in which they are seeking Professional Licensure, must have taught for at least three (3) years in a public school in Massachusetts, must complete the required coursework, and must apply to the Massachusetts Department of Education to receive final approval.

\* Insert a T (transfer) or S (substitute) as appropriate. Your Advisor and the Department Chair must approve potential "transferred" courses prior to your matriculation in those courses. If seeking a transfer of credits, you must also fill out a "transfer request form" available online.

\*\*All Programs of Study for the M.A.T. Leading to Professional Licensure in Reading (All levels) must be completed in conjunction with your Lynch School Advisor and approved by the Chair of Teacher Education/Special Education, Curriculum & Instruction. Failure to receive prior approval will render your program null and void.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVAL

ADVISOR OR  
DIRECTOR OF  
STUDENT  
SERVICES

YES

NO

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ASSOCIATE  
DEAN OF  
GRADUATE  
STUDIES

YES

NO

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_