

M.Ed. or C.A.E.S. / Reading / Literacy Education

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 \_\_\_\_\_ COMPREHENSIVE EXAMS DATE \_\_\_\_\_

MONTH/YEAR

TELL (TEACHING ENGLISH LANGUAGE LEARNERS)

DONOVAN

COURSE NUMBER AND TITLE	CREDITS	SUMMER	FALL	SPRING	T/W*
ED 346 Teaching Bilingual Students (TELL)	3				
ED 621 Bilingualism, Second Language and Literacy Development (TELL)	3				
ED 495 Human Development and Disability	3				
ED 447 Literacy and Assessment in Secondary Education	3				
ED 542 Teaching Reading	3				
ED 543 Teaching Language Arts	3				
ED 592 Language and Literacy Development	3				
ED 595 Assessment and Instruction of Students with Reading Difficulty	3				
<i>One of the following</i> ED 363 Survey of Children's Literature ED 517 Survey of Children's Literature in the Elementary and Middle School	3				
<b>DONOVAN PROGRAM ONLY</b> ED 435.08 Social Contexts of Education ED 438.08 Instruction of Students with Special Needs and of Diverse Learners	6				
ED 431 Graduate Inquiry Seminar	1				
ED 432 Graduate Inquiry Seminar	2				
ED 610 Specialist License Practicum	6				
ED 888 Master's Comprehensive Examinations	0				
<b>Total credits</b>	<b>36 (TELL 36, DONOVAN 42)</b>				

\* Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must also fill out a "transfer request form" available online. If requesting a waiver, you must attach an official transcript to this form. TELL: Participants are expected to work with ELL students during the course of their studies. Consult with your advisor. Following the completion of requirements for this program, TELL participants must pass the Massachusetts Tests for Educator Licensure (MTEL), including the subject matter test for English Language Learners, to apply for TELL licensure.

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

APPROVAL  
ADVISOR OR DIRECTOR OF STUDENT SERVICES  
YES \_\_\_\_\_ NO \_\_\_\_\_  
NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ASSOCIATE DEAN OF GRADUATE STUDIES  
YES \_\_\_\_\_ NO \_\_\_\_\_  
NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_