

# M.Ed./ Early Childhood 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 \_\_\_\_\_ DONOVAN  COMPREHENSIVE EXAMS DATE \_\_\_\_\_  
MONTH/YEAR

COURSE NUMBER AND TITLE	CREDITS	SUMMER	FALL	SPRING	T/W*
PY 418 Applied Child Development	3				
ED 438 Instruction of Students with Special Needs and of Diverse Learners (DONOVAN program only: section 438.08)	3				
ED 520 Teaching Mathematics and Technology	3				
ED 542 Teaching Reading	3				
ED 543 Teaching Language Arts	3				
ED 493 Language Acquisition Model/ED 593 Introduction to Speech and Language Disorders	1/3				
PY 611 Learning and Development	3				
ED 316 Teaching Process and Content	3				
ED 435 Social Contexts of Education (DONOVAN PROGRAM ONLY: section 435.08)	3				
ED 431 Graduate Inquiry Seminar	1				
ED 429 Graduate Pre-Practicum	1				
ED 432 Graduate Inquiry Seminar	2				
ED 420 Initial License Practicum	6				
ED 888 Master's Comprehensive Examinations	0				
<b>Total credits</b>	<b>38</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.

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

DATE \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE

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

\_\_\_\_\_  
SIGNATURE  
10/08