Lynch School

M.Ed. / Elementary Education

CLASS ENTERING 2010

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 _______________

BC ID ___________________________ COMPREHENSIVE EXAMS DATE _________________

___ TELL (TEACHING ENGLISH LANGUAGE LEARNERS)  ____ DONOVAN

<table>
<thead>
<tr>
<th>COURSE NUMBER AND TITLE</th>
<th>CREDITS</th>
<th>SUMMER</th>
<th>FALL</th>
<th>SPRING</th>
<th>T/W*</th>
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<tbody>
<tr>
<td>PY 418 Applied Child Development</td>
<td>3</td>
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<tr>
<td>ED 438 Instruction of Students with Special Needs and of Diverse Learners (DONOVAN program only: section 438.08)</td>
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<tr>
<td>ED 520 Teaching Mathematics and Technology</td>
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<tr>
<td>ED 529 Teaching Social Studies and Art</td>
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<td>ED 542 Teaching Reading</td>
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<td>ED 543 Teaching Language Arts</td>
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<td>ED 546 Teaching about the Natural World</td>
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<td>ED 435 Social Contexts of Education (DONOVAN program only: section 435.08)</td>
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One of the following
- ED 436 Curriculum Theories and Practice
- ED 346 Teaching Bilingual Students (TELL and Donovan)

TELL ONLY
ED 621 Bilingualism, Second Language and Literacy Development (TELL 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       |        |      |        |      |

Total credits 37 (TELL 40)

* 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.

STUDENT SIGNATURE ___________________________________________ DATE ________________________

APPROVAL
Advisor or Director of Student Services YES NO _______________________________ Signature

Associate Dean of Graduate Studies YES NO _______________________________ Signature

4/10