

M.Ed./ Early Childhood Education

CLASS ENTERING 2005

TO BE SUBMITTED BY END OF FIRST SEMESTER IN PROGRAM

NAME _____ PROGRAM 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 Developmental Psychology: Emphasis on Child	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	I/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	I				
ED 429 Graduate Pre-Practicum	I				
ED 432 Graduate Inquiry Seminar	2				
ED 420 Initial License Practicum	6				
ED 888 Master's Comprehensive Examinations	0				
Total credits	38				

* 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 YES NO _____
NAME

SIGNATURE

DEPT CHAIR YES NO _____
NAME

SIGNATURE