



# Graduate Program for Master's Degree

(Complete this form, sign it, and send it to your graduate advisor)

Graduate Advisor (will be assigned)

MSU ID#: M

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle/Maiden

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Baccalaureate Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Granting Institution: \_\_\_\_\_ Date Granted: \_\_\_\_\_

Graduate curriculum you propose to follow: M.A. ED. In IECE Teacher Leader with Teacher Leader Endorsement

## Courses to be completed in earning the master's degree:

Course Prefix & No.	Course Title	Semester Hours	Grade
<b>EDU 600</b>	<b>Introduction to Teacher Leadership</b>	<b>2</b>	_____
<b>EDU 631</b>	<b>Classroom Management and Student Motivation</b>	<b>3</b>	_____
<b>EDU 637</b>	<b>Instruction for Diverse Learners</b>	<b>3</b>	_____
<b>EDU 639</b>	<b>Research to Improve Student Learning</b>	<b>3</b>	_____
<b>EDU 640</b>	<b>Exit Seminar in Teacher Leadership</b>	<b>1</b>	_____
<b>ELE 604</b>	<b>Advanced Studies in Kindergarten</b>	<b>3</b>	_____
<b>FCS 625</b>	<b>Advanced Child Development Program</b>	<b>3</b>	_____
<b>SED 652</b>	<b>Assess. &amp; Prog. Planning for Infants, Toddlers, Preschoolers &amp; Families</b>	<b>3</b>	_____
<b>SED 653</b>	<b>Methods and Materials for Infants, Toddlers and Preschoolers</b>	<b>3</b>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If transfer credit is included in this program (limit of 12 hours), list the class(es) as it appears on the other school's transcript and the initials of the school at the end of the name of the class. In ( ) at end of line list the MSU course replaced (if any).

Applicant's Signature \_\_\_\_\_

TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

**Do not write below this line** \_\_\_\_\_

<b>A P P R O V E D</b>	<input type="checkbox"/>	<b>D I S A P P R O V E D</b>	<input type="checkbox"/>	Departmental Graduate Advisor _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	Department Chair _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Graduate Coordinator _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Dean _____	Date _____

For Graduate Admissions	Processed by _____	Date _____
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