



# 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. Interdisciplinary Early Childhood Education certification

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

Course Prefix & No.	Course Title	Semester Hours	Grade
TLE 620	Educational Improvement through Research	3	___
FCS 625	Advanced Child Development Program	3	___
ELE 604	Advanced Studies in Kindergarten	3	___
ELE 605	Introduction to Interdisciplinary Early Childhood Education	3	___
SED 604	Special Education Procedures and Strategies for IECE	3	___
SED 626	Education of Young Children with Disabilities	3	___
SED 640	Practicum	6	___
SED 652	Assess. & Prog. Planning for Infants, Toddlers, Preschoolers & Families	3	___
SED 653	Methods and Materials for Infants, Toddlers and Preschoolers	3	___

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

APPROVED	<input type="checkbox"/>	DISAPPROVED	<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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