



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- Initial 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	_____
ELE 604	Advanced Studies in Kindergarten	3	_____
ELE 605	Introduction to Interdisciplinary Early Childhood Education	3	_____
ELE 612	Infant – Toddler Practicum	2	_____
ELE 613	Clinical Experiences in Interdisciplinary Early Childhood Education	4	_____
FCS 625	Advanced Child Development Programs	3	_____
SED 604	Special Education Procedures and Strategies for IECE	3	_____
SED 626	Education of Young Children with Disabilities	3	_____
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 _____

A P P R O V E D	<input type="checkbox"/>	D I S A P P R O V E D	<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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