Murray
MURRAY STATE UNIVERSITY

Graduate Program for Master's Degree

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

Graduate Advisor (will be assigned)

Murray State "M" Number: **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 Reading/Writing**

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

Course Prefix & No.	Course Title	Semester Hours	Grade
EDU 631	Classroom Management and Student Motivation	3	
EDU 637	Instruction for Diverse Learners	3	
EDU 639	Research to Improve Student Learning	3	
REA 612	Foundations of Literacy	3	
REA 626	Word Study: Phonics, Spelling, and Vocabulary	3	
REA 628	Literacy Assessment	3	
REA 638	Assessment and Instruction of Children with Reading Difficulties	3	
REA 639	Supervised Practicum in Reading	3	
		3	
		3	

Transfer credit may be included in this program (limit of 12 hours), A substitution form is required and must be signed by the advisor and graduate coordinator. Such substitutions are generally made following the submission of this form.

I acknowledge that the information on this form reflects the requirements as listed on the approved program guidesheet and all requirements outlined in the *Graduate Bulletin*.

Applicant's Signature _____

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

Do not write below this line

APPROVED	DISAPPROVED			
☐	☐	Departmental Graduate Advisor	_____	Date _____
☐	☐	Department Chair	_____	Date _____
☐	☐	College Graduate Coordinator	_____	Date _____
☐	☐	College Dean	_____	Date _____

For Graduate Admissions	*Processed by*	*Date*