**PROGRAM OF STUDY FOR A GRADUATE DEGREE** Revised 10-27-06

**Appalachian State University – Cratis D. Williams Graduate School**

Name of Student: (Please type or Print) SAMPLE BANNER# 900******

Department: Language, Reading & Exceptionalities Entry Term: Spring 200*

***Before submitting to the Registrar's Office, please check that the program meets academic requirements outlined in the Bulletin for the term of entry indicated above. Advisor or Program Director: Attach an explanation for any substitutions for required coursework.***

Degree: MA Major: Reading Education Major Code: 477

Concentration (if applicable): Classroom Clinical Conc. Code: 477E

Minor (if applicable): Minor Code:

| Office Use Only | Dept. Abbr. | Course # | Course Title | Credit Hrs. | Office Use Only | | | Office Use Only |
|---|---|---|---|---|---|---|---|---|
| | RE | 5100 | teaching beginning readers and wrirers | 3 | | | | |
| | RE | 5130 | teaching the language arts | 3 | | | | |
| | RE | 5140 | advanced study of children's literature | 3 | | | | |
| | RE | 5710 | seminar in reading and language arts research | 3 | | | | |
| | RE | 5715 | reading assessment and correction | 3 | | | | |
| | RE | 5725 | practicum in the clinical teaching of reading | 3 | | | | |
| | RE | 5730 | reading and writing instruction for intermediate and advanced learners | 3 | | | | |
| | RE*** | 5040 | teacher as researcher | 3 | | | | |
| | RE | 5525 | product of learning | 3 | | | | |
| | FDN*** | 5840 | social & philosophical foundations of education | 3 | | | | |
| | | | | | | | | |
| | | | Elective | 3 | | | | |
| | | | Elective | 3 | | | | |
| | | | Elective | 3 | | | | |
| | | | | | | | | |
| | *** | | (other courses may be substituted see your advisor) | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Transfer Credit | Dept Abbr. | Course # | Course Title | Credit Hrs. | | | | Institution |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Totals semester hours listed for credit

| Notes | |
|---|---|
| | |
| | |

I expect to complete degree requirements by the date_____. I understand that additional course work may be added to this proposed program of study by my Advisory Committee, if such additional work is needed to correct deficiencies in my academic preparation. I also understand that all substitutions must be approved by my advisory Committee chairperson and by the Graduate School. I understand and acknowledge that provision of my Social Security number is voluntary and authorize its use as a personal identifier for record keeping purposes.

Student Signature:_____ Date:_____

Approval Recommended:_____ Department Chairperson:_____
(Committee Chairperson)

Member 1:_____ Member 2(Opt.):_____ Member 3(Opt):_____

Printed Names_____ _____ _____

Graduate School Approval:_____ Date:_____

**COMMITTEE MEMBERS: Please print your name below signature. Submit the form to the Registrar's Office.**