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 (PUT YOUR NAME) BANNER# 900******

Department: LANGUAGE, READING & EXCEPTIONALITIES Entry Term: FALL 20** (START)

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	TCH BEGIN READERS & WRITERS	3				
	RE	5130	TEACH THE LANG ARTS	3				
	RE	5140	ADV STUDY CHILDREN'S LIT	3				
	RE	5715	READ ASSESSMNT & CORRECT	3				
	RE	5725	PRACT CLIN TCHG OF READ	3				
	RE	5531	SEM CLNCL TCHNG OF RDNG	3				
	RE	5730	READ & WRITING INSTR	3				
	RE	5040	TEACHER AS RESEARCHER	3				
	RE	5525	PRODUCT OF LEARNING	3				
	RE	5710	SEM READ LANG ARTS RESRC	3				
	FDN	5840	SOC & PHILOS FDNS EDUC	3				
			ELECTIVE	3				
			ELECTIVE	3				

Transfer Credit	Dept Abbr.	Course #	Course Title	Credit Hrs.				Institution
			LIST TRASFER COURSES					
			IF ANY					

Totals semester hours listed for credit

Notes	LIST ANY NOTES THAT ARE RELEVANT

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.