

Arkansas Tech University Graduate College

Admission to Candidacy – MASTER OF EDUCATION IN ELEMENTARY EDUCATION SPECIAL EDUCATION

Last Name: _____ First Name: _____ T#: _____

Address: _____ City, State Zip: _____

Daytime Phone: _____ Email: _____

Advisor: _____ Expected Graduation Term: _____ GPA: _____

Proposed Project Presentation Date (*Semester/Year*): _____

I request permission to transfer the following (an official/sealed transcript is included):

Course: _____ College: _____

Course: _____ College: _____

Course: _____ College: _____

I request permission to offer and/or substitute (provide course prefix, number and title):

_____ for _____
 _____ for _____
 _____ for _____

Program of courses to be completed (36 hours)

Elementary Education Core Requirements (15 hours):	Grade	Term Completed	Term To Be Completed
EDFD 6003 Educational Research			
EDFD 6043 Current Issues in Human Learning			
EDFD 6053 The At-Risk Child in the School Environment			
EDFD 6313 Principles of Curriculum Development			
EDFD 6993 Project in Educational Research			

Special Education (21 hours):	Grade	Term Completed	Term To Be Completed
EDFD 6503 Classroom and Behavior Management			
ELED 6343 Literacy Assessment and Intervention			
SPED 5003 Characteristics of Children with Exceptionalities			
SPED 5013 Assessment and Design (Birth-4 th Grade)			
SPED 5023 Planning Instruction for Children with Exceptionalities			
SPED 5033 Working with Families of Children with Exceptionalities			
SPED 5043 Supervised Practicum			

This student has completed twelve graduate hours, and is hereby recommended for admission to candidacy for the above Master's Degree. Upon successful completion of all program requirements, the degree will be awarded.

Student: _____ Date: _____

Program Director: _____ Date: _____

Dean of Graduate College: _____ Date: _____