

Arkansas Tech University Graduate College: Admission to Candidacy (2019-2020)

Master of Education K-12 Literacy

BEFORE completing this candidacy form, you must complete the [Admission to Candidacy Survey](#)

T# _____ Last Name: _____ First Name: _____
 Daytime Phone: _____ Advisor: _____ Option: _____
 Email: _____ Catalog Year: _____ Expected Graduation Term: _____ GPA: _____

I request permission to transfer the following from another institution (official transcript included):

Course: _____ Institution: _____ for ATU Course: _____
 Course: _____ Institution: _____ for ATU Course: _____
 Course: _____ Institution: _____ for ATU Course: _____

I request to substitute the following ATU courses (provide course prefix, number and title):

ATU Course: _____ for ATU Course: _____
 ATU Course: _____ for ATU Course: _____
 ATU Course: _____ for ATU Course: _____

Program of courses to be completed (36 hours)

K-12 Literacy Required Courses (21 hours):	Grade	Term Completed	Term Anticipated
EDFD/MAT 6003 Educational Research			
MAMS/ELED/SEED 5333 Teaching Literacy in the Content Areas			
RDNG 5023 Literacy Curriculum Design & Analysis			
RDNG 5043 Literacy, Language, and Culture			
RDNG 5053 Literacy, Technology, and the Reading Environment			
RDNG 6403 Literature for Children and Young Adults			
RDNG 6083 Reading Practicum			

Dyslexia Therapist Courses (15 hours)*:	Grade	Term Completed	Term Anticipated
DYS 5003 Dyslexia and Other Learning Disorders			
DYS 5013 Foundation of Language and Literacy Development			
DYS 5023 Interpreting & Administration of Assessment for Planning Instructions			
DYS 5033 Professional Learning and Leadership			
DYS 5043 Structured Language Teaching			

**These courses are required to meet the Dyslexia Therapist, Grades K-12 Licensure Endorsement in Arkansas.*

Please send signed and completed forms to the Graduate College Tomlinson Ste. 113 or scan and email to gradcollege@atu.edu

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: _____

Advisor: _____ Date: _____

Program Director: _____ Date: _____

Department Head: _____ Date: _____

Dean of Graduate College: _____ Date: _____

Revised November 2, 2018