

**CONSULT CURRENT UNIVERSITY CATALOG AND EDUCATION SPECIALIST BROCHURE WHEN COMPLETING FORM.**

WSU ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MI Zip: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Term/Year Admitted: \_\_\_\_\_ Major: BBE Advisor: \_\_\_\_\_

**COURSES COMPLETED AND PROPOSED**

UNIVERSITY	SEMESTER	DEPT.	COURSE #	COURSE TITLE	SEM. HRS.
<b>MAJOR COURSES</b>					
		BBE	5500	Introduction to Bilingual/Bicultural Education	3
		LED	6520	Teaching ESL/EFL Methods I	3
		BBE	6590	Culture as the Basis for Language Teaching	3
		BBE	6850	Applied Linguistics: Issues in Bilingual Education	3
		BBE	6560	Teaching Methods in Bilingual/Bicultural Education	3
		LED	6555	Integration of Language & Content in Lang. Teaching	3
		RLL	6700	Second Language Literacy Development K-12	3
<b>ELECTIVE COURSES</b>					
				Elective over 6000+ level	3
				Elective over 6000+ level	3
				Elective over 6000+ level	3

**TOTAL HOURS 30**

COMPLETION DATE: \_\_\_\_\_ **(ALL REQUIREMENTS MUST BE MET BY THIS DATE.)**

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GRADUATE OFFICER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*The Graduate Officer's signature indicates an official and approved Plan of Work.*