

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

WSU ID #: _____ Date: _____

Student's Name: _____ E-mail Address: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone No: _____ Work Phone No: _____ Cell Phone No: _____
BBE: K-12

Term/Year Admitted: _____ Major: _____ Advisor: _____

COURSES COMPLETED AND PROPOSED

UNIVERSITY	SEMESTER	DEPT.	COURSE #	COURSE TITLE	SEM. HRS.
MAJOR COURSES					
		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
		LED	6565	Assessment in Language Teaching	3
		TED	5900	Post-Certification Clinical Experience	1
ELECTIVE COURSES					
				Elective over 6000+ level	3
				Elective over 6000+ level	3
				Elective over 6000+ level	3

TOTAL HOURS 34

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.