

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: _____
BBE

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

COURSES COMPLETED AND PROPOSED

UNIVERSITY	SEMESTER	DEPT.	COURSE #	COURSE TITLE	SEM. HRS.
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MAJOR COURSES

		LED	6510	Second Language Acquisition & Teaching of Grammar	3
		LED	6520	Teaching ESL/EFL Methods I	3
		LED	6580	Culture as the Basis for Language Teaching	3
		BBE	6850	Applied Linguistics: Issues in Bilingual Education	3
		LED	6565	Assessment: Language Teaching	3
		LED	6555	Integration of Language & Content in Lang. Teaching	3
		RLL	6700	Second Language Literacy Development K-12	3
		BBE	5500	Introduction to Bilingual/Bicultural Education	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.