

Master of Education in Teaching and Learning Plan of Work

Concentration Area: Foreign Language

Students are responsible for meeting pre-requisite requirements for courses on this Plan of Work. Courses completed for undergraduate credit or in post-bachelor status cannot be included in the Plan of Work. Consult the current Wayne State University Graduate Bulletin and your Academic Advisor for assistance in completing this form.

Name _____ WSU ID Number (9 digits) _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

Research Requirements (6 credit hours)

Semester/Year	Course ID	Course Title	Sem. Hrs.	Grade
	TED 7000	Introductory master's seminar	3	
	ED 7999	Terminal master's seminar	3	

General Professional Requirements (6 credit hours)

Semester/Year	Course ID	Course Title	Sem. Hrs.	Grade
	TED 7030	Foundations of Teaching and Learning	3	
	TED 7060	Inclusive Education, Curriculum, and Pedagogy	3	

Concentration Requirement (Use course list in your concentration area)

Semester/Year	Course ID	Course Title	Sem. Hrs.	Grade
	LED 6520	Teaching ESL/FL: Methods I	3	
	LED 6530	Teaching ESL/FL: Methods II	3	
	LED 6500	Teaching World Languages in Elementary and Middle Schools	3	
	RLL 6700	Second Language Literacy Development K-12	3	
	LED 6510	Second Language Acquisition and the Teaching of Grammar	3	
	LED 6580	Culture as the Basis for Language Teaching	2-4	
	EDP 5450	Child Psychology (If you have Secondary Teaching Certificate)	2	
	Or EDP 5480	Adolescent Psychology (If you have Elementary Teaching Certificate)	2	

Total Semester Hours Required: 32

All degree requirements and coursework must be completed by: _____
(Within six (6) years following the date of the first recorded course used for the master's degree)

Petition for admission to candidacy:

Student's signature: _____ Date: _____

Plan of work and candidacy recommended by:

Advisor's signature: _____ Date: _____

Plan of work approved, and candidacy authorized by:

Graduate Auditor's signature: _____ Date: _____

*The Plan of Work is submitted to the Graduate Education Office (489 Education Bldg.)
for review and approval.*