

**PROGRAM OF STUDY - MSE
WAYNE STATE COLLEGE**

This form should be completed by the student and advisor(s). Return the completed form with the appropriate signatures to the Graduate Office.

PROGRAM: CURRICULUM & INSTRUCTION

C&I CONTENT AREA CONCENTRATION: Early Childhood Education

THESIS: NON-THESIS: INTERVIEW COMPLETED: ADMITTED TO PROGRAM:

FOR TEACHER CERTIFICATION: (Internship hours will be required) NOT FOR TEACHER CERTIFICATION:

MSE Minimum 36 hours

PROFESSIONAL EDUCATION CORE COURSES

6 credit hours

	<u>Hours</u>	<u>Date</u>	<u>Grade</u>
EDU 626 Advanced Educational Psychology (3)	_____	_____	_____
EDU 650 Research Design (3)	_____	_____	_____

PROGRAM COURSES

30 credit hours

EDU 605 Curriculum & Methods Appropriate for Ages Birth-8 (3)	_____	_____	_____
EDU 617 Assessmt of Needs for Young Children Birth-8 (3)	_____	_____	_____
EDU 632 Clinical for Early Childhood (3)	_____	_____	_____
EDU 658 Fund. of Curriculum Development (3)	_____	_____	_____
EDU 699 Thesis (2)	_____	_____	_____
FCS 520 Infants/Toddlers through Primary Children Birth-8 (4)	_____	_____	_____
FCS 530 Organization and Administration of Early Childhood Education Programs (3)	_____	_____	_____
FCS 616 Early Childhood Practicum with Applied Research (3-5)	_____	_____	_____
SPD 530 Behavioral Intervention in the LRE (3) OR *Advisor-Approved Substitution (3):	_____	_____	_____
SPD 552 Consultation and Collaboration (3) OR *Advisor-Approved Substitution (3):	_____	_____	_____

*Any student who has completed the 400-level course at Wayne State College or an equivalent from another institution should not enroll in the 500-level courses. Those students will enroll in courses approved by the advisor to replace SPD 530 and/or SPD 552 or their equivalent.

_____ Student Name	_____ Signature of Student	_____ Date
_____ Address	_____ Signature of Advisor(s)	_____ Date
_____ City/State/Zip Code	_____ Signature of Department Chair	_____ Date
_____ Social Security No. OR Student Identification No.	_____ Signature of Director of Graduate Studies	_____ Date
_____ Home Telephone / Work Telephone	_____ Signature of Dean, School of Ed. & Cslg.	_____ Date