**CURRICULUM STUDIES AND TEACHING**

**2014-2015 MASTER OF ARTS with a concentration in**

**Elementary Education Course Work Plan**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor:

|  |  |  |  |
| --- | --- | --- | --- |
| **Master of Arts & Teaching Licensure** | **Course Number** | **Completion Date** | **Credit Hours** |
| *TEP Field Experience* |  |  |  |
| Field Experience | TEP 4690 | Fall 2014 | 2 |
| Field Experience | TEP 4690 | Winter 2015 | 3 |
| Field Experience | TEP 4690 | Spring 2015 | 4 |
| *TEP Coursework, Curriculum & Assessment* |  |  |  |
| Curriculum, Instruction & Assessment I | CUI 4540 | Fall 2014 | 3 |
| Curriculum, Instruction & Assessment II | CUI 4541 | Winter 2015 | 3 |
| Curriculum, Instruction & Assessment III | CUI 4542 | Spring 2015 | 2 |
| Teaching and Learning Environments | CUI 4031 | Summer 2014 | 3 |
| Foundations of Education for Culturally and Linguistically Diverse Leaners | CUI 4529 | Summer 2014 | 3 |
| Mathematics for Elementary School Teachers I | CUI 4506 | Summer 2014 | 2 |
| Literacy Instruction | TEP 4590 | Fall 2014 | 3 |
| Literacy Instruction | TEP 4590 | Winter 2015 | 3 |
| Elementary Math Methods | CUI 4503 | Fall 2014 | 3 |
| Education and Psychology with Special Children | TEP 4010 | Fall 2014 | 3 |
| Elementary Science/SS Methods | CUI 4502 | Winter 2015 | 4 |
| Workshop in Gifted and Talented | CUI 4411 | Spring 2015 | 2 |
| Total Min Credit Hours |  |  | 43 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Master of Arts Cognate** | Course Number | Completion Date | Credit Hours |
| *List 3 courses below from one of the approved TEP cognates.* | | | |
|  |  | Summer 2015 | 3 |
|  |  | Summer 2015 | 3 |
|  |  | Summer 2015 | 3 |
| **Subtotal** |  |  | **9** |
| Total Min Credit Hours |  |  | 9 |
|  |  |  |  |
| TOTAL |  |  | 52 |

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_