## **TEXAS SOUTHERN UNIVERSITY** Masters of Education Degree Plan

**Bilingual Education Specialization** 

DATE:		Student ID#							
STUDENT NAME:			Home Phone:						
Address:			Work Phone:						
City/State:			Cell Phone:						
			Email:						
Major: CURRICULUM & INSTRUCTION		<b>Education Min</b>	or: N/A						
Master Comprehensive Exam Date:									
English Proficiency Exam Date:	Results	: Passed	Failed	Date:					
Applied and Recommended for Candidacy:		e:							
Applied for Graduation: Da		te:	Approved	•					

Area	Course No.	Hrs	Course Title	Planned	Completed	Grade
Foundations	EDCI 531	3	Classroom Management			
Core	EDCI 540	3	Curriculum and Instruction			
(12 schs.)	EDCI 551	3	Multicultural Education			
	EDCI 583	3	<b>Techniques of Individualized Instruction</b>			
	subtotal	12				
Specialization:						
	EDCI 501	3	The Bilingual Curriculum			
	<b>EDCI 544</b>	3	Development of English Language Skills			
Minimum	EDCI 606	3	Linguistics Foundation of Bilingual			
(18 schs)			Education			
	<b>EDCI 644</b>	3	<b>Teaching Content Area in Spanish</b>			
	EDCI 701	3	Applied Linguistics			
	EDCI 844	3	Language Acquisition and Culture			
	subtotal	18				
	1					
Resources &						
Research	EDFD 633	3	Educational Research			
(6 hours)	EPSY 831	3	Educational Statistics			
	subtotal	6				

## TOTAL HOURS (minimum) 36

Approval Signatures:	DATE:				
Advisor:	Department Chair:				
Education Dean:	Graduate Dean:				
Student:					
"I have been informed and understand the contents of this degree plan"					

Note: When coming in for a conference concerning your program, always bring a copy of your degree plan.

Copies:

Graduate Dean

Education Dean

Student