

## PROGRAM of STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

**MASTER of EDUCATION**

M812

**MAJOR:** Reading Specialist

**NAME:** \_\_\_\_\_

**OU ID:** \_\_\_\_\_

**This is a coursework-only degree; a non-thesis examination is not required.**

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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\* For OU graduate courses including Norman, Tulsa, OU North America and Europe, and OU Online, leave this column blank. For transfer credit (including OU Health Sciences Center courses), enter the institution name in this column. For courses applied to a dual master's degree, enter **Shared** in this column.

**REQUIRED COURSEWORK:** 32 hours.

**Teaching and Learning:** 4 hours.

EDRG 5934	Applications of Literacy Instructional Strategies	4			
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**Cultural Diversity:** 3 hours.

EDRG 5573	Culture, Language and Literacy	3			
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**Research:** 3 hours.

EDRG 5553	Issue and Research in Reading/Literacy	3			
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**Concentration:** 22 hours.

EDRG 5723	Emergent and Beginning Literacy	3			
EDRG 5643	Survey of Literacy for All Learners	3			
EDRG 5814	Applications of Literacy Assessment and Evaluation	4			
EDRG 5733	Adolescent Literacy	3			
EDRG 5903	Literacy Leadership	3			
EDRG 5753	Digital and Multimedia Literacies	3			
EDRG 5843	Writing Across the Disciplines	3			

**TOTAL HOURS:**

32 hours required

I intend to graduate in the \_\_\_\_\_ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the *Graduate College Bulletin*.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_



**I have reviewed the above-named student's proposed program of study and I recommend approval.**

Printed Name of Graduate Liaison \_\_\_\_\_

Graduate Liaison Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR GRADUATE COLLEGE USE ONLY:**

Program effective **Fall 2018**. Semester Admitted/Re-admitted: \_\_\_\_\_

Date Checked: \_\_\_\_/\_\_\_\_/\_\_\_\_ | Timeline Begins: \_\_\_\_\_ | Hours Required: \_\_\_\_\_ | **OK** \_\_\_\_ **Problem** \_\_\_\_