

**PLAN OF STUDY - MASTER'S DEGREE IN EDUCATION (M.ED.)  
EARLY CHILDHOOD EDUCATION**

NAME:  
ADDRESS:  
ADDRESS:  
E-MAIL:

ID#  
PHONE: (H)  
PHONE: (C)  
ANTICIPATED GRADUATION DATE:

<b>CORE COURSES (MUST BE COMPLETED BEFORE ENROLLMENT IN SPECIALTY COURSES)</b>			
<b>COURSE</b>	<b>SEMESTER TAKEN</b>	<b>HOURS</b>	<b>GRADE</b>
EDUC 6101 Advanced Educational Assessment	Spring 1	3	
EDUC 6402 Educational Research Methodology (Part One)	Summer 2	3	
EDUC 6103 Diversity and Differentiated Instruction	Summer 1	3	
EDUC 6001 Educational Research (Part Two)	Fall 2	3	
<b>TEACHING FIELD</b>			
<b>COURSE</b>	<b>SEMESTER TAKEN</b>	<b>HOURS</b>	<b>GRADE</b>
ECED 6103 Applied Informational and Instructional Technology in the ECE Classroom	Fall 2	3	
ECED 6104 Advanced Literacy/Communications for Early Childhood Teachers	Spring 2	3	
ECED 6101 Historical, Philosophical and Global Perspectives on ECE	Summer 2	3	
ECED 6004 Making a Difference Through Action Research (Capstone)	Spring 2	3	
ECED 6102 Leadership, Advocacy, and Policy Making in ECE	Fall 1	3	
<b>ENDORSEMENT COURSES- Planned Endorsement (circle one): 12 SEMESTER HOURS</b>			
<b>Reading ESOL Gifted Autism</b>			
<b>COURSE</b>	<b>SEMESTER TAKEN</b>	<b>HOURS</b>	<b>GRADE</b>
Course 1	Summer 1	3	
Course 2	Fall 1	3	
Course 3	Spring 1	3	
Course 4	Summer 2	3	

This is not a contract binding the University to offer a given course at any given time. Arrangements concerning the scheduling of courses will be made between the student and the advisor based on the information at hand. These arrangements are not binding on the student or the University.

Student: \_\_\_\_\_ / / / / \_\_\_\_\_ Advisor: \_\_\_\_\_ / / / / \_\_\_\_\_

COE Representative: \_\_\_\_\_ / / / / \_\_\_\_\_ Registrar: \_\_\_\_\_ / / / / \_\_\_\_\_

\*If you need this form in another format please contact  
coeqrads@unq.edu or 678-717-2371. Thank you\*