



**OFFICE OF GRADUATE STUDIES
ALCORN STATE, MS 39096-7500**

Academic Track

___ Internship

(Form Must be Typed)

A PROPOSED PROGRAM OF STUDY for the Master of Science in Education Degree in Elementary Education with an Endorsement Area: Elementary Education . (33 Semester Hours)

Name: _____ **ASU ID:** _____

Address: _____ **Date:** _____

CORE COURSES REQUIRED (12 Hours)

| Course No. | Title | Credit Hours | Date to be Taken | Date Completed | Grade |
|------------|-----------------------------------|--------------|------------------|----------------|-------|
| ED 512 | Foundations of American Education | 3 | | | |
| ED 514 | Methods of Ed. Research | 3 | | | |
| ED 533 | Curriculum (Methods) Development | 3 | | | |
| PH 513 | Advanced Ed. Psychology | 3 | | | |

REQUIRED ENDORSEMENT FIELD COURSES (15 Hours)

| Course No. | Title | Credit Hours | Date to be Taken | Date Completed | Grade |
|------------|--|--------------|------------------|----------------|-------|
| ED 516 | Current Trends in Elementary Social Studies Instruction | 3 | | | |
| ED 524 | Problems of Teaching Arithmetic | 3 | | | |
| ED 525 | Recent Methods and Materials for Teaching Elementary Reading | 3 | | | |
| ED 526 | Problems and Trends in Elementary School Science | 3 | | | |
| ED 595 | Seminar in Elementary Education | 3 | | | |

APPROVED ELECTIVES (6 Hours)

| Course No. | Title | Credit Hours | Date to be Taken | Date Completed | Grade |
|------------|--|--------------|------------------|----------------|-------|
| EA 577 | Systematic Teacher Evaluation | 3 | | | |
| ED 510 | Creative and Mental Growth | 3 | | | |
| ED 527 | Evaluation and Measurement in Schools | 3 | | | |
| ED 530 | Thesis | 3 | | | |
| ED 575 | Metrics for Elementary Teachers | 3 | | | |
| ED 576 | Art for Elementary Education | 3 | | | |
| PH 514 | Theories of Learning and Personality Development | 3 | | | |

TRANSFER COURSES (Maximum of 6 hours allowed with departmental approval)

| Course No. | Title | Credit Hours | Date to be Taken | Date Completed | Grade |
|------------|-------|--------------|------------------|----------------|-------|
| | | | | | |
| | | | | | |

APPROVED:

Student: _____

Advisor: _____

Department Chairperson/Dean _____