

**Degree Plan of Study – Office of Graduate Schools/SUNY New Paltz 12561-2443**

**M.S. Literacy Education (5-12); Program code 030B**

**NAME** \_\_\_\_\_ **Banner#** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Degree Completion Date** \_\_\_\_\_

<b>COURSE Number and Title (credits)</b>	<b>Date</b>
EED752 Theoretical Foundations (3)	
EED753 Workshop in Understanding Literacy Difficulties (3)	
EED754 Workshop in Diagnosing Literacy Difficulties (3)	
EED756 Workshop in Intervention of Literacy Difficulties, 5-12 (3)	
EED758 Clinical Practices in Literacy Intervention, 5-12 (3)	
EED759 Workshop in Action Research for Literacy Leaders (3)	
EED760 Workshop in Literacy Leadership and Coaching (3)	
SED549 Teaching Literacy Across the Disciplines (3)	
EED512 Children’s and YA Literature (3)	
EED528 Literacy and Language Learners (3)	
EED510 Teaching Writing and Multi-Modal Text Production for Literacy Leaders (3)	
<b>Diversity Elective (SELECT ONE – 3 Credits) Circle course selected</b> Issues in Multicultural Education (EDS537) Racism and Sexism (EDS581) Education Across Borders (SED566) Cult/Ling Diverse Backgrounds (SPE572) Issues in Literacy for Diverse Learners (EDS549)	

**APPROVED TRANSFER CREDITS**

<b>COURSE #</b>	<b>COURSE TITLE</b>	<b>INSTITUTION</b>	<b>GRADE</b>	<b>TERM</b>	<b>CREDITS</b>

**Signature: Student** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Signature: Advisor** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Signature: Coordinator** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Signature: Chair** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Signature: Dean of Grad School** \_\_\_\_\_ **DATE** \_\_\_\_\_