

DUAL LANGUAGE/BILINGUAL EDUCATION CERTIFICATE

Name: _____

Address: _____

V-number: _____

WOU Email address: _____

Phone: _____ ☐ Cell ☐ Home ☐ Work

Advisor: _____

CORE COURSES		Term	Grade	Credits
ED 631	Classroom Strategies for Biliteracy Development			3
ED 641	Theories of Bilingualism			3
ED 644	Bilingualism in Socio-cultural Contexts			3
ED 645	Instruction and Assessment in Dual Language/Bilingual Settings			3
ED 647	Critical Inquiry and Reflective Practice for Dual Language/Bilingual Educators			3
Total quarter hours				15

Advisor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

APPROVED: Director of Graduate Student Success & Recruitment_____
Date: _____

CERTIFICATE COMPLETION DATE: _____

**Students completing an endorsement, certificate, or specialization only are not eligible for federal financial aid.*