

READING SPECIALIST CERTIFICATE

Name: _____
 V-number: _____
 Email address: _____
 Phone: _____ Cell Home Work

Address: _____

 Advisor: _____

CORE COURSES		Term	Grade	Credits
ED 655	Foundations of Literacy			3
ED 667	Supporting Language and Literacy Development			3
ED 668	Assessment & Reading Instruction			3
Choose two:				
ED 628	Teaching Writing Across the Disciplines			3
ED 680	Psychology of Reading Instruction			3
ED 689	Contemporary Children's and Young Adult Literature in the Classroom			3
ED 693	Teaching Reading Across the Disciplines			3
Total quarter hours:				15

Advisor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

APPROVED: Dean of Graduate Studies and Research

Date: _____

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 CERTIFICATE COMPLETION DATE: _____