RHODE ISLAND COLLEGE

PLAN OF STUDY

FEINSTEIN SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT

GRADUATE STUDIES

Name ID# Date

Email Phone

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: MEd. in Teaching English as a Second Language

Please submit a signed original to the Feinstein School of Education and Human Development (FSHED) Graduate Studies Office. Students should complete this form with the assistance of and approval of the Graduate Advisor. Although an applicant may be recommended for acceptance to a graduate program, the applicant cannot be considered an officially accepted degree candidate until an approved Plan of Study is on file in the FSEHD Graduate Studies Office. Changes in the Plan of Study can be made with the graduate advisor’s approval by completing the Change of Plan of Study Form.

PLAN OF STUDY

|  |
| --- |
| **Course Requirements (30 Credits)** |
| |  |  |  | | --- | --- | --- | | *Course No.* | *Course Title* | *Credit Hours* | | Foundations Component | | | | FNED 502  BLBC 515  FNED/ANTH 561  ELED 510  FNED 547  INST 516  CURR 550 | Social Issues in Education *or*  Bilingual Education Issues *or*  Latinos in the United States  Research Methods, Analysis and Applications *or*  Introduction to Classroom Research  Integrating Technology into Instruction *or*  Topics: Digital Media Literacy | 3  3  3 | |  | | | Professional Education Component | | | | TESL 539  TESL 541  TESL 549 | Language Acquisition and Learning  Applied Linguistics in ESL  Sociocultural Foundations of Language Minority Education | 3  3  3 | | TESL 548 | Curriculum and Methods for Content ESL Instruction | 3 | | TESL 507  TESL 551 | Teaching Reading and Writing to ESL Students  Assessment of English Language Learners | 3  3 | |  | |  | | Capstone Course | |  | | TESL 553 | Internship in English as a Second Language | 3 | |  |  |  | | Comprehensive Assessment | | 0 | |  |  |  | | Total Credit Hours | | 30 | |

Courses Transferred? YES NO Total Credits Transferred

(If so, form attached) Total Credits 30

Student Date

Advisor Date

Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chairperson Date

Director of Graduate Studies Date