

Graduate Education Office 489 Education Detroit, Michigan 48202 (313) 577-1605 (313) 577-7904 FAX

Master of Education in Teaching and Learning Plan of Work

Concentration	n Area:						
completed fo	or undergraduate o	credit or in po	ost bachelor status o	nts for courses on th cannot be included in visor for assistance in	the Plan	of Work.	Consult
Name			WSU ID Number (9 digits) E-mail A		ldress		
Address			City State		State	Zip Code	
Home Phone Number		Work Phone Number Cell Phone Number					
Research Rec	quirements (6 hou	ırs)					
University	Semester/Year	Course ID	Course Title			Sem. Hrs.	Grade
		TED 7000	Introductory Maste	er's Seminar		3	
		ED 7999	Terminal Master's			3	
General Profe	essional Requiren	nents (6 hour					
		TED 7030	Foundations of Tea	aching and Learning		3	
		TED 7060		n, Curriculum, and Pec	lagogy	3	
Concentration Area Requirements: (Use course list in your concentration area)							
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	_						
Electives: /Ele	⊥ ectives chosen in (consultation	with advisor)				
Electives. (Ele	scrives chosen in						<u> </u>
			Tatal Comm	anton House Commenter	Haura Da	!u.c.=1\	
			Total Seme	ester Hours Semester	Hours Re	quired):	

All degree requirements and coursework mu	ust be completed by:						
(Within six (6) years following the date of the first recorded course used for the Master's Degree)							
Petition for admission to candidacy:	Student's Signature	 Date					
Plan of Work and candidacy recommended by:	otaaciit o olgilatare						
recommended by.	Advisor's Signature	Date					
Plan of Work approved and candidacy authorized by:							
·	Graduate Auditor's Signature	Date					

The Plan of Work is submitted to the Graduate Education Office (489, Education) for review and approval.