

**Licensure Only: Reading
Undergraduate and Graduate Level
On-Campus Advising Form
Southwest Minnesota State University**

Name _____ Expected Graduation Date _____
MO/YR

Bachelor's Degree/Date Awarded _____

Date you entered graduate classes at SMSU: _____ Graduate Application Approval _____

PROFESSIONAL FIELD EMPHASIS:

All 5 Courses Required for Licensure. Write in alternate/substitute course taken.

Course #	Title	Cr.	Sem.	Course #	Title	Cr.	Approved
ED 446/546	Advanced Developmental Reading Methods & Research	3	Su (May-June)				
ED 450/550	Reading Assessment & Evaluation	3	Sp				
ED 451/551	Differentiated Reading Instruction	3	Sp				
ED 402/502	Early Literacy & Linguistics	3	Fall				
ED 447/547	Teaching of Literacy	3	Su (May -June)				

Note: This is a tentative schedule. Classes will be offered based on enrollment.

Student Signature _____ **Date** _____

Advisor Signature _____ **Date** _____

Program Director Signature _____ **Date** _____

F-Fall, Sp-Spring, Su-Summer

MTLE - Reading Teacher (Grades K-12)

You are responsible to keep informed of any changes in requirements which may affect your academic career.