



**COLLEGE OF EDUCATION  
PROGRAM OF STUDY**

**Master of Education: Teacher Leader/Rank II Reading  
(Rev 12/22)**

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Email): \_\_\_\_\_

College/University: \_\_\_\_\_ Degrees Held: \_\_\_\_\_ GPA: \_\_\_\_\_

Certification Held: \_\_\_\_\_ GRE Score: \_\_\_\_\_ Entry Date: \_\_\_\_\_

**Prerequisites:** Meeting all requirements for Graduate admission. Current teaching certificate. A written statement documenting the candidate's skill and understanding in the following areas: (a) ability to improve student achievement, (b) leadership, and (3) an advanced knowledge of curriculum, instruction and assessment.

TEACHER LEADER PROGRAM 30 Credit Hours

DEPT/NUMBER	COURSE DESCRIPTION	CR. HRS	YEAR	GRADE
<b>CORE COURSES</b>				
ETL 610	Philosophy, Interp. & Appl. of Research	3	_____	_____
ETL 615	Leadership Behavior and Promoting Change	3	_____	_____
ETL 620	Professional Learning and School Transformation	3	_____	_____
ETL 625	Learner-Centered Design and Evaluation	3	_____	_____
ETL 630	Leadership for Instructional Improv./Deeper Learning	3	_____	_____
ETL 650	Assessing Learning for Student Achievement	3	_____	_____
ETL 660	Capstone Project/Thesis	0	_____	_____
<b>Core Course Total</b>		<b>18</b>		

**Endorsement for Reading (P- 12)**

Prerequisites: EDR 515 Reading Theories and Practices or equivalent; EDR 530 or EDR 531 equivalent

EDU 529	Oral and Written Language Development	3	_____	_____
EDR 556	Developmental Reading in Middle and High School	3	_____	_____
EDU 586	Teaching English as a Second Language	3	_____	_____
EDR 615	Literacy Assessment and Intervention	3	_____	_____

**Total Cognate Credits** \_\_\_\_\_ **12 credits** **minimum**

**Minimum Graduate GPA: Overall 3.0; Automatic dismissal: One grade of F or two grades of C.**

Acknowledgement of program contract:  
**TEACHER LEADER PROGRAM**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Signature Date Advisor's Signature Date

**Candidacy Decision (Required After 15 hrs)**

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

\_\_\_\_\_  
Decision

\_\_\_\_\_  
/ /  
Date

**Successful Completion of 3 Formative Observations**

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
/ /  
Date

**Successful Completion of Field Experiences**

\_\_\_\_\_  
Director, Field Experiences

\_\_\_\_\_  
/ /  
Date

**Successful Defense of Capstone Project/Thesis**

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

\_\_\_\_\_  
/ /  
Date

**Successful Completion of Program**

\_\_\_\_\_  
Certification Officer

\_\_\_\_\_  
/ /  
Date