COLLEGE OF EDUCATION
PROGRAM OF STUDY
2025-2026

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
	CORE COURSES			
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	____	____
	Core Course Total	**18**		
	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

Successful Completion of Field Experiences

_____	___/___/_____	_____	___/___/_____
Advisor Signature	Date	Director, Field Experiences	Date

Successful Defense of Capstone Project/Thesis

_____	_____/_____/_____
Program Director	Date

Successful Completion of Program

_____	
Certification Officer	_____/___/_____Date