

K-12 English as a Second Language (B.A.)

2019-2020 catalog

Student Name: _____ **ID Number:** _____

Major Requirements

All classes must be completed with a C- grade or better.

Term Completed/Planned	Grade	Credit	Course #	Title
_____	_____	3	EDC200	Orientation to Education in an Urban Setting
_____	_____	2	EDC220	Educational Technology
_____	_____	3	EDC310	Learning and Development in an Educational Setting
_____	_____	3	EDC410	Learners with Special Needs
_____	_____	3	EED325	K-6 Methods: Literacy
_____	_____	1	EED326	Elementary Reading K-6 Field Experience
_____	_____	3	ESE325	Creating Learning Environments
_____	_____	2	ESL310	Second Language Acquisition
_____	_____	2	ESL320	Introduction to Linguistics
_____	_____	3	ESL330	History and Structure of the English Language
_____	_____	3	ESL340	ESL Literacy
_____	_____	2	ESL410	ESL Testing and Evaluation
_____	_____	3	ESL420	ESL Methods
_____	_____	3	ESL490	Language, Culture, and Schools (KC)
Complete either EDC206 or both EDC210 and EDC211 (first year students may take EDC110 instead of EDC210)				
_____	_____	3	EDC206	Diversity/Minnesota American Indians
-- OR both EDC210 and EDC211 --				
_____	_____	2	EDC210	Diversity in the School (<i>first year students may substitute EDC110</i>)
_____	_____	2	EDC211	Minnesota American Indians
Complete student teaching				
_____	_____	12	EDC483	Student Teaching: Initial License in PE, Music, Art, or ESL
_____	_____	2	ESL489	Teacher Performance Assessment and Student Teaching Seminar
Supporting Courses				
_____	_____	4	ENL111	Effective Writing
_____	_____	2	HPE115	Chemical Dependency Education
_____	_____	Either 2 years of high school language study or 1 year of college language		

Abbreviation Key: ML = Modern Language; SC = Signature Curriculum; EM = Engaging Minneapolis; AE = Augsburg Experience; KC = Senior Keystone Course; NSM = Natural Science & Mathematics - no lab; NSM-L = Natural Science & Mathematics-with lab; SBS = Social & Behavioral Science; FA = Fine Arts; HUM = Humanities

Student's Signature _____ Date _____

Advisor's Printed Name _____ Signature _____ Date _____

Advisor(s): By signing, you indicate you have verified the accuracy of the information above. Faculty advisors must initial next to each course substitution/waiver and sign this form.