

**NORTHWESTERN OKLAHOMA STATE UNIVERSITY
CERTIFICATION ONLY PROGRAM**

READING SPECIALIST

Name: _____ Student ID #: _____

Address: _____

Phone (Home): _____ (Work): _____ Email: _____

ATTACH the following:

- | | Other Evidence |
|---|-----------------------|
| 1. _____ Evidence of master's degree: (Transcript from issuing educational institution) | |
| 2. _____ Evidence of certification: (Copy of current teaching license) | |
| 3. _____ Evidence of passing certification tests: (Official Certification Test Results) | |

READING SPECIALIST COURSEWORK	Sem/Year	COMMENTS:
Pre-requisite- Six (6) hours undergraduate reading courses		
Examples: EDUC 3313 Children's Lit	_____	
EDUC 3413 Emergent Literacy	_____	
EDUC 4413 Diag/Corr Reading	_____	
Content Courses		
EDUC 5010, Graduate Seminar	_____	
EDUC 5403, Adv. Dev. Rdg-Primary	_____	
EDUC 5413 Adv. Dev. Rdg-Int/Sec	_____	
EDUC 5433, Diag/Corr Tech. of Rdg.	_____	
EDUC 5453, Clinical Proc. in Rdg.	_____	
EDUC 5532, Practicum-Lrng. Prob. I	_____	
EDUC 5542, Practicum-Lrng. Prob. II	_____	
EDUC 5500, Practicum- Dev. Rdg. Instr.	_____	
EDUC 5283, Literacy Assessment	_____	
EDUC 5503, Curr/Supv. Probs. in Rdg.	_____	
Submit Action Research Project	_____	

STATEMENT OF INTENT

I understand that completion of this additional coursework and requirements is for certification recommendation only, and not a second master's degree. _____ (Initial)

- I agree to abide by the regulations governing the graduate program as stated in the Graduate Catalog.

CERTIFICATION ONLY PLAN APPROVED

SIGNATURES

Student		Date:	
Advisor		Date:	
Director of Teacher Education		Date:	
Graduate Studies, Associate Dean		Date:	