St. Cloud State University
Graduate Certificate for Reading Teacher K-12
Certificate Program Form

Student's Name (please print):_____ Master's Program Yes_____ No_____

Sudent ID: _____ Date: _____ E-mail address: _____

Address _____
Street City State Zip

COURSES	SUBSTITUTIONS	CREDITS	DATE TAKEN	PLACE, IF NOT SCSU
ED 616, Reading Develop. and Lang. Acquisition, 3 cr.				
ED 617, Informational Reading and Writing, 3 cr.				
ED 618, Reading Assessment K-12, 3 cr.				
ED 619, Struggling Readers: Analy. & Assist, 3 cr.				
ED 620, Admin. & Superv of the Rdg. Prgm, 3 cr.				

FINAL PRESENTATION: N/A _____ NEEDED _____

SIGNATURE OF STUDENT:_____

SIGNATURE OF COORDINATOR:_____ DATE _____

SIGNATURE OF GRADUATE DEAN: _____ DATE _____

Office Use Only:

Student notified: _____

7/08