GRADUATE INTERDISCIPLINARY DEGREE PROGRAMS FOR TEACHERS
French Option

Name _______________________________________   S.S. No. __________   Teaching Field _______________
Address ________________________________________________________
____________________________________
____________________________________

PROGRAM OF COURSES

In the spaces provided below, list all of the courses for which you request approval in your degree program.

TEACHING AREA COURSES

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<th>Date Completed</th>
<th>Sem. Hr.</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>FORL</td>
<td>510</td>
<td>Teaching Languages to Young Children</td>
<td>USC</td>
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<td>3</td>
<td></td>
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</tr>
<tr>
<td>FREN</td>
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<td>USC</td>
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<tr>
<td>FREN</td>
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<td>700+ or 500+</td>
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*FREN 700 is not an approved course.

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<tr>
<td>EDPY</td>
<td>705 or 707</td>
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<tr>
<td>FORL</td>
<td>511</td>
<td>Teaching Foreign Languages in K-12 Schools</td>
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<td>FORL</td>
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<td>Technology in Foreign Language Education</td>
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Other Graduate or Undergraduate Courses (List only those Education & content courses applicable to S.C. Certification)

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Student Signature ___________________________  Approved ___________________________  Chairman of Committee________________________
Advisory Committee Member ___________________  Dean, Graduate School ___________________________  Date __________

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Spanish Option

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