

**GRADUATE APPROVED PROGRAM PLAN**

COLLEGE OF EDUCATION, CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

MASTER OF ARTS IN EDUCATION

CLASSIFICATION DATE \_\_\_\_\_

Correctional/Alternative Education Option

Bulletin Year Held \_\_\_\_\_

NAME: \_\_\_\_\_

SID# \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone# ( ) \_\_\_\_\_

Bus Phone# ( ) \_\_\_\_\_

Baccalaureate Degree From: \_\_\_\_\_ Year \_\_\_\_\_

Graduate Writing Requirement: Expository Writing 306/Equivalent/WREE

Quarter/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Petition Approved: \_\_\_\_\_

<u>Study Plan</u> <u>(Units)</u>	<u>Units</u>	<u>Grade</u>	<u>Quarter/Year</u>	<u>Transfer</u> <u>College/Notes</u>
<b>MACore (12)</b> EDUC 603				
EDUC 605				
EDUC 607				
<b>EDCACore (16)</b> EDCA 614				
EDCA 616				
EDCA 618				
EDCA 620				
<b>Spec. Area (12)</b>				
<b>Electives (4-8)</b>				
<b>TrackA Thesis(4)</b> EDUC 600				
<b>TrackB Exam(0)</b> EDCA 999				
<b>TOTAL</b>				

Student: \_\_\_\_\_ Advisor: \_\_\_\_\_ Program Coordinator: \_\_\_\_\_