



**College of Education and Professional Development**  
***Preparing the Experienced Professional as Specialist***

**PLAN OF STUDY: Master of Arts in Education**

**AREA OF EMPHASIS: Early Childhood Education – Option 1 (PreK-K Licensed)**

NAME:  
ADDRESS:

MU ID:  
EMAIL:

TELEPHONE:

Failure to return the signed Plan of Study within 30 days will automatically indicate acceptance of the Plan of Study. Coursework included as a part of this Plan of Study must not be older than seven years at the time of graduation. All coursework that candidates wish to transfer from other institutions must be approved by Marshall University. Candidates should submit an **Application for Graduation** form (accessible @ <http://www.marshall.edu/graduate/forms/formslist.asp>) by the published deadline during the final semester of course work. This specialization does not lead to additional licensure.

**Core Courses (15 hours)**

COURSE	TITLE	SEM/YR***	GRADE	HOURS	NOTES
EDF 621 or EDF 625	Educational Research & Writing Qualitative Research in Education	Fall, Spr, Smr Smr		3	
EDF 616 or EDF 619	Advanced Studies in Human Development or Educational Psychology	Fall, Spr, Smr Fall, Spr, Smr		3	
CIEC 534 or CIEC 600 or CIEC 635	Applications Software in Classroom Curriculum Area or Instructional Design and Technology or Using the Internet in the Classroom	Fall, Spr, Smr Fall Fall, Spr, Smr		3	
CI 632	Early Childhood Education Programs	Smr		3	
EDF 612	Educational Evaluation	Fall, Spr, Smr		3	

**Area of Emphasis Courses (18 hours)**

COURSE	TITLE	SEM/YR***	GRADE	HOURS	NOTES
CIRG 653	Literacy Acquisition	Spring		3	
CI 631	Current Influences on Early Childhood Education	Fall		3	
CI 633	Adult Involvement in Early Education	Fall		3	
CI 634	Language and Cognition in Early Education	Spr		3	
EDF 513	Human Growth and Development: Birth to 8	Fall		3	
	advisor approved elective			3	

**Capstone Experience (3 hours)**

COURSE	TITLE	SEM/YR***	GRADE	HOURS	NOTES
*CI 690	Capstone Experience	Fall, Spr, Smr		3	

Total Hours: 36

\_\_\_\_\_  
Candidate Date

\_\_\_\_\_  
Advisor Date

\_\_\_\_\_  
Program Director Date

\_\_\_\_\_  
Dean Date

\*Comprehensive exam requirements are met within the framework of CI 690

\*\*\*Semesters of course offerings are subject to change. Please stay in touch with your academic advisor.