

**DEGREE PLAN: Graduate Certificate
Dyslexia Certificate
Emporia State University
Department of Elementary Education/Early Childhood/Special Education**

Name: _____ E-Mail Address: ____-

Mailing Address:

Student ID #: _____ Phone: _____ 2nd Phone: _____

- Admission Requirements: Graduate School Application Completed Admission Date: _____
 3.0 or above GPA (last 60 hrs.)
 2 Disposition Assessments & Signature Page
 2 References

Concentration Courses (15 credit hours)

Substitutions

DEPT	#	COURSE TITLE	HRS	GRADE	SEMESTER	DEPT	#	COURSE TITLE	HRS	GRADE
EL	727	Meeting the Challenges of Dyslexia	3							
EL	737	Science of Reading Foundations I	3							
EL	739	Science of Reading Foundations II	3							
EL or SD	823 or 803	EL823 Analysis of Reading Assessment & Instruction or SD803 Promoting Literacy for Students with High Incidence Disabilities	3							
EL	EL827	Assessing & Instructing Learners	3							

Advisor Signature: _____ Date: _____

Chair Signature: _____ Date: _____

Copies to: Student Graduate Office Dept. Hard Copy File