



**Dual Language/Bilingual Education Certificate & Specialization**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 V-number \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  Cell  Home  Work Advisor: \_\_\_\_\_

**Teaching License/endorsements held/expected:** \_\_\_\_\_

<b>CORE COURSES – Dual Language/Bilingual Education Certificate</b>		<b>Term</b>	<b>Grade</b>	<b>Done</b>	<b>ToDo</b>
ED 631	Foundations of Biliteracy				3
ED 641	Theories of Bilingualism				3
ED 644	Bilingualism in Socio-cultural Contexts				3
ED 645	Instruction and Assessment in Dual Language/Bilingual Settings				3
ED 647	Critical Inquiry and Reflective Practice for Dual Language/Bilingual Educators				3

**TOTAL QUARTER HOURS 15**

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* For Graduate Office Use Only \*\*\*\*\*

**APPROVED: Director of Graduate Programs:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CERTIFICATE COMPLETION DATE: \_\_\_\_\_