Department of Elementary and Early Childhood Education

Doctorate Degree in Early Childhood Education

#1 in Accountability…#1 in Service…#1 in Teacher Preparation
Dear Prospective Doctorate in Early Childhood Education Candidate:

Thanks for considering the Doctorate Degree in Early Childhood Education Program. Attached, please find detailed information about the sixty-three (63) hour program, as well as the program requirements prior to the fall of the year desiring admittance. The admission requirements are listed below.

Admission Requirements:

- Admitted to or eligible for admission to the Division of Graduate Studies.
- A Master’s degree from an accredited University.
- A completed program application.
  - A cumulative GPA of 3.0 or above (on a 4.0 scale) on the last earned degree.
  - Transcripts of all post secondary work attempted prior to submitting a program application.
- Acceptable evidence of a student’s writing ability as determined by a writing sample completed under the supervision of a designated member(s) of the Screening Committee.
- Letters of recommendations from three persons knowledgeable of the applicant’s professional and academic ability, job experiences and, /or leadership potential such as previous professors, principal; supervisors, or superintendent.
- An official copy of the Graduate Record Examination Score or Miller Analogies Test taken within the last five years.
- A portfolio documenting compensating strengths such as teaching, publication, professional presentations, educational awards, and community services.
- A successful interview with the Program Screening Committee.
- A vita (resume) to include Education, Work Experience, Honors, and Affiliations with Organizations.

For questions and additional information please contact the advisor listed below or visit the Graduate School’s website @ www.jsums.edu, click on Graduate School, click on Apply to Graduate School, create an account, and follow the directions for completing your application.

Academic Advisor:

Dr. Stephanie R. Davidson  
Associate Professor  
1400 John R. Lynch St.  
P.O.Box 18380  
Jackson, MS. 39217  
Phone: (601) 979-0514  
Email: stephanie.r.davidson@jsums.edu

We look forward to working with you as you continue your education. Feel free to contact the Department of Elementary & Early Childhood Education if you have additional questions.

#1 in Accountability…#1 in Service…#1 in Teacher Preparation
Jackson State University  
College of Education & Human Development  
School of Instructional Leadership  
Department of Elementary & Early Childhood Education  
Doctorate Degree in Early Childhood Education  
Doctorate Degree

<table>
<thead>
<tr>
<th>Name: _____________________</th>
<th>J# _______________________</th>
<th>Advisor_____________________</th>
<th>Chair___________________</th>
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**Core Courses***

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Credit Hour</th>
<th>Grades</th>
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<tbody>
<tr>
<td>EDCI-703</td>
<td>Seminar I: Urban Studies in Early Childhood Education</td>
<td>3</td>
<td></td>
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<tr>
<td>EDCI-712</td>
<td>Models of Curriculum Development in Early Childhood Education</td>
<td>3</td>
<td></td>
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<tr>
<td>EDCI-713</td>
<td>Instructional Theories and Design in Early Childhood Education</td>
<td>3</td>
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<tr>
<td>EDCI-716</td>
<td>Learning Theories and Styles in Early Childhood Education</td>
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Total 12 Hours

**Research and Major Requirements***

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<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Credit Hour</th>
<th>Grades</th>
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<tr>
<td>EDAD 710</td>
<td>Advance Statistical Concepts &amp; Computer Analysis</td>
<td>3</td>
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<tr>
<td>EDAD 712</td>
<td>Advance Research &amp; Non-Parametric Statistical Methods Research Design</td>
<td>3</td>
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<tr>
<td>EDFL 797</td>
<td>Research Design</td>
<td>3</td>
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<tr>
<td>EDCI 714</td>
<td>Organizational &amp; Administration of Early Childhood Education Programs</td>
<td>3</td>
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<tr>
<td>EDCI 715</td>
<td>Seminar II: Urban Studies in Early Childhood Education</td>
<td>3</td>
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<tr>
<td>EDCI 717</td>
<td>Psychology of Young Children in Urban Studies</td>
<td>3</td>
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<td>EDCI 718</td>
<td>Seminar III: Urban Studies in Early Childhood Education</td>
<td>3</td>
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<tr>
<td>EDCI 788</td>
<td>Teaching Education Programs &amp; Technology</td>
<td>3</td>
<td></td>
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<tr>
<td>EDCI 720</td>
<td>Research Applications in (Science, Mathematics, or Special Education) for Early Childhood Education</td>
<td>3</td>
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<tr>
<td>EDCI 798</td>
<td>Internship/Field Studies Doctoral</td>
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Total 30 Hours

**Checkpoint**

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<tr>
<th>Semester Completed/Outcome</th>
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**Graduate Comprehension Examination**

(upon completion of 24 semester hours)

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<th>Semester Completed/Outcome</th>
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**Cognate***  
Natural & Behavioral Science, Special Education Global Education, Educational Technology and Reading, Health, Guidance  
12 Hours

**EDCI 799 Dissertation**  
9 Hours

Minimum of 63 Hours

**Prerequisite:** Admission to the Urban Education Curriculum Program for the Doctorate in Early Childhood Education

**Excluding Prerequisite courses for Non Early Childhood Education Applicants.**

#1 in Accountability  #1 in Service  #1 in Teacher Preparation
The Graduate School at Jackson State University
Recommendation Form

(Applicants must fill in the top portion of this form before giving it to the person from whom a letter of recommendation is requested)

Name of Applicant: ______________________________________ Date: ______________________

Email Address: _____________________________________________________________________________________________

Proposed Graduate Program: ______________________________ Degree Sought: __________________

(      ) I waive my right of access of this letter of recommendation.
(      ) I DO NOT waive my right of access to this letter of recommendation.

(Signature of Applicant)

Please fill out the reference form below and send it to, (check one).

(   ) Graduate Admissions Committee
Department of __________________________
P.O. Box _________________
1400 J.R. Lynch Street
Jackson State University
Jackson, MS 39217

(   ) Graduate Admissions Committee
Department of __________________________
P.O. Box 23
Jackson, MS 39211

or (   ) School of Health Sciences
Department of __________________________
3825 Ridgewood Road
Jackson Medical Mall
Jackson, MS 39213

Name of person from whom the recommendation is required: _______________________________________________________

To The REQUESTEE: Comments of the applicant’s character and ability to carry out advanced graduate

Research is required. Compare the applicant to others you have known in this field.

If you prefer, you may write a separate letter and attach it to this form.

<table>
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<tr>
<th>CHARACTERISTICS</th>
<th>EXCEPTIONAL</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>NO BASIS FOR JUDGEMENT</th>
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<tr>
<td>Writing ability</td>
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<td>Oral Expressions</td>
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<td>Emotional Maturity</td>
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<td>Potential for Professional Growth</td>
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<td>Potential for Graduate Research</td>
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<td>Analytical Skills</td>
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<td>Perseverance</td>
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<td>Ability to work with Professional Colleagues</td>
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<td>Ability to work Independently</td>
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<td>Ability to accept constructive criticism</td>
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Comments: In the space below, please describe in detail the applicant’s ability, and comment on his/her potential as graduate student. Please give views on such matters as previous accomplishments, intellectual independence, research interest, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly (orally or in writing), drive, and motivation. If you prefer, you may write a separate letter and attach it to this form.

I have known the applicant for a period of _____ years and/or _____ months as (please check all that apply)

- an undergraduate student
- a graduate student
- research/academic advisor
- department chair
- a research assistant
- other (please specify) __________________________
- instructor in __________ class(es)
- other (please specify) __________________________

POTENTIAL FOR SUCCESS IN PROGRAM

- Outstanding
- Above Average
- Questionable
- I recommend the applicant
- I recommend the applicant with reservations
- I do not recommend the applicant

Name: ___________________________________________________________  Signature: ________________________________
(Please print or type)

Institution: ____________________________  Positions: ____________________________

Address: ____________________________________________
(Street Address) (City/ State) (Zip Code)

Phone: ____________________________  e-mail: ____________________________
(Include Area Code)

Department/Program: Department of Elementary & Early Childhood Education/ Doctorate Degree in Early Childhood Education Degree Program.

Academic Advisor:

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