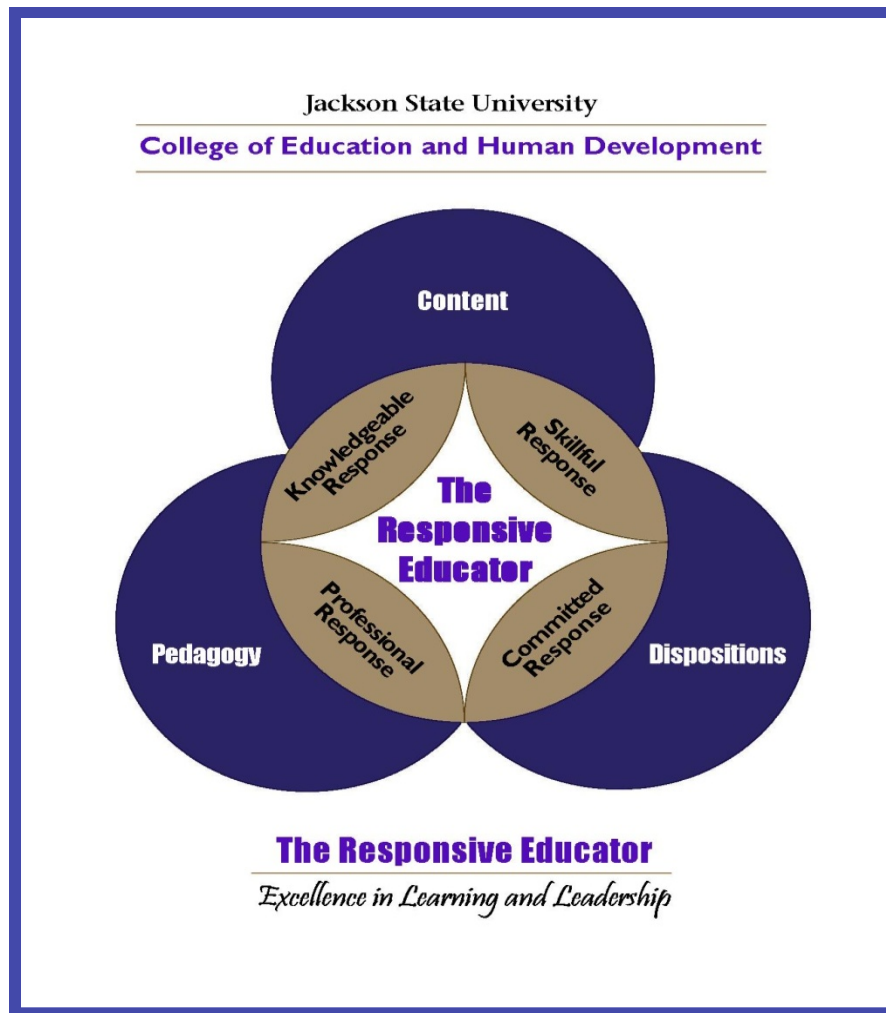


Department of Elementary and Early Childhood Education

Master of Science in Elementary Education



#1 in Accountability...#1 in Service...#1 in Teacher Preparation



Dear Prospective Master of Science in Elementary Education Candidate:

Thank you for considering the Master's of Science in Elementary Education Program. Attached, please find detailed information about the thirty- six (36) hour program, as well as the program requirements. Each candidate applying for this program must submit an admission application for enrollment in the upcoming semester. The admission requirements are listed below.

Admission Requirements:

- Complete a Graduate Application (**website and instructions are listed below**). Minimum undergraduate cumulative **GPA of 2.5** for conditional admission.
- Proof that the candidate holds a current class 'A' Educator's License or is seeking renewal of the license through attaining college credit hours as deemed necessary by the Mississippi State Department of Education (Copy of class 'A' Educator's License).
- Three recommendation Forms (**see attached form**).
- Official transcripts from all colleges and universities attended.

For questions and additional information please contact the **advisors** 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.**

Please contact the following advisors:

Academic Advisors:

Dr. Tony Latiker
Associate Professor
1400 John R. Lynch St.
P.O.Box 18380
Jackson, MS 39217
Phone: (601) 979-0300
Email: tony.latiker@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



**College of Education & Human Development
School of Instructional Leadership
Department of Elementary & Early Childhood Education
Master of Science Degree In Elementary Education
Master's Degree**

COURSE OF STUDY FOR THE MASTER'S DEGREE IN ELEMENTARY EDUCATION

A minimum of thirty-six (36) semester hours are required if the candidate does not do a scholarly paper or project ; a minimum of thirty-three (33) semester hours with a scholarly paper or project, a minimum of thirty (30) semester hours with a thesis.

Name: _____ SS # _____ Advisor _____
Chair _____

Core Courses Required By the Graduate School

Course No.	Course Title	Credit Hours	Grades
EDFL 511	History and Philosophy of Education	3	
EDFL 515	Methods of Educational Research	3	
EDFL 514	Elementary Statistics	3	
EDFL 568	Curriculum Methods		

Advisement Conference notes and signature: _____

Concentration Courses in Elementary Education

Course No.

RE 552	Recent Methods and Materials for Teaching Elementary Reading	3	
EDC 557	Problems and Issues in Social Studies	3	
EDCI 563	Problems and Issues in Science	3	
EDCI 564	Current Trends in Mathematics	3	
EDCI 551**	Career Education	3	

Advisement Conference notes and signature: _____

Suggested Electives

Course No.	Course Title	Credit Hour	Grades
EDCI 503	Seminar in Child Development	3	
EDCI 504	Methods and Materials in Early Childhood Education	3	
EDCI 508*	Children's Literature	3	
EDCI 590	Thesis	3-6	
	Project	3	

Total 36 Hours

***Required of students who have not taken EDCI 301: Children's Literature or equivalent.**

**** Required of students who have not taken EDCI-204: Career Education for Prospective Teacher or the equivalent.**

Students should take elective courses in consultation with their advisors.

A student may transfer up to 12 quarter or 9 semester hours earned at accredited colleges or universities.

#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: _____

Last First MI

E-mail address: _____

Proposed Graduate Program: _____ Degree Sought: _____

**Under the provisions of the Family Education & Privacy Act of 1974,
(check one)**

☐ **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
Health Sciences
Department of _____
Medical Mall
P. O. Box _____
Woodrow Wilson Drive
1400 John R. Lynch Street.
39213
Jackson State University
Jackson, MS 39217

or ☐

Graduate Admissions Committee
Department of _____
3825 Ridgewood Road
P.O. Box 23
Jackson, MS 39211

or ☐

School of _____
Jackson
350
Jackson, MS

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 requested. 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.

CHARACTERISTICS	EXCEPTIONAL	ABOVE AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Writing ability				
Oral Expressions				
Emotional Maturity				
Potential for Professional Growth				
Potential for Graduate Research				
Analytical Skills				
Perseverance				
Ability to work with Professional Colleagues				
Ability to accept constructive criticism				

Comments: In the space below, please describe in details the applicant's ability, and comment on his/her potential as a graduate student. Please give views on such matter as previous accomplishments, intellectual independence, research interests, 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: _____ Position: _____

Address: _____

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

Phone: _____ E-mail: _____
(Include Area Code)

Department/ Program: Department of Elementary & Early Childhood Education / Master of Science in Elementary Childhood Education.

Academic Advisor:

Dr. Tony Latiker
Associate Professor
1400 John R. Lynch St.
P.O.Box 18380
Jackson, MS 39217
Phone: (601) 979-0300
E-mail: tony.latiker @ jsms.edu

Revised October, 1999

OGS Form #