Department of Elementary and Early Childhood Education

Master of Science Degree In Early Childhood Education

#1 in Accountability…#1 in Service…#1 in Teacher Preparation
Dear Prospective Master of Science in Early Childhood Education Candidate:

Thanks for considering the Master Degree in Early Childhood 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 the upcoming semester. The admission requirements are listed below.

Admission Requirements:

- Complete a Graduate Application (website and instructions are listed below).
- A minimum undergraduate cumulative GPA of 2.5 for conditional admission.
- 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.

For additional program information, please contact Dr. William Brown if your last name ends with the letters (A - M). For additional program information, please contact Dr. Stephanie Davidson if your last name ends with the letters (N - Z).

Academic Advisors:

Dr. William Brown (A-M)
Assistant Professor, Master in Early Childhood Education Academic Advisor
1400 John R. Lynch St.
P.O. Box 18380
Jackson, MS 39217
Phone: (601) 979-3412
Email: William.a.brown@jsums.edu

Dr. Stephanie Davidson (N-Z)
Associate Professor, Master in Early Childhood Education Academic Advisor
P.O. Box 18380
1400 John R. Lynch St.
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
Master of Science Degree in Early Childhood Education
Master’s Degree

COURSE OF STUDY FOR THE MASTER’S DEGREE IN EARLY CHILDHOOD EDUCATION

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

Name ___________________________________________   J # ______________________________   Contact# ____________________________

Advisors: Dr. William A. Brown (A-M) – Dr. Stephanie Davidson (N-Z) – Dr. Thea Williams-Black, Chair

Core Courses Required By the Graduate School

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Semester Completed</th>
<th>Grade Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDFL 511</td>
<td>History and Philosophy of Education</td>
<td></td>
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<tr>
<td>EDFL 514</td>
<td>Methods of Educational Research</td>
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<tr>
<td>EDFL 515</td>
<td>Elementary Statistics</td>
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<tr>
<td>EDCI 569</td>
<td>The Developmentally Early Childhood Curriculum</td>
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</tbody>
</table>

Checkpoint

Graduate English Competency Examination
Degree Plan Completion
Admission to candidacy

Specialty Area Courses

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Semester Completed</th>
<th>Grade Earned</th>
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</thead>
<tbody>
<tr>
<td>EDCI 501</td>
<td>The Family in Cross Cultural Perspectives</td>
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<tr>
<td>EDCI 503</td>
<td>Seminar in Child Development</td>
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<td>EDCI 505</td>
<td>Assessing the Young Child</td>
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<td>EDCI 502</td>
<td>Literacy Development and the Young Child</td>
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<tr>
<td>EDCI 508</td>
<td>Children’s Literature</td>
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<tr>
<td>EDCI 504</td>
<td>Methods and Materials in ECE</td>
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<tr>
<td>EDCI 506</td>
<td>Art and Music in ECE</td>
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<tr>
<td>EDCI 509</td>
<td>Practicum in ECE</td>
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</table>

Checkpoint

Graduate Comprehensive Examination (upon completion of 24 semester hours)

TOTAL 36 HOURS
Student may transfer up to 12 quarter or 9 semester hours earned at an accredited college or university.

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# Course Rotation Plan

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
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</thead>
<tbody>
<tr>
<td>EDCI 569 The Developmentally Appropriate Early Childhood Curriculum</td>
<td>EDCI 505 Assessing the Young Child</td>
<td>EDCI 591 Observation and Supervised Field Experience in ECE</td>
</tr>
<tr>
<td>EDCI 503 Seminar in Child Development</td>
<td>EDCI 501 The Family in Cross Cultural Perspective</td>
<td>EDCI 506 Art and Music in Early Childhood Education</td>
</tr>
<tr>
<td>EDCI 502 Literacy Development and the Young Child</td>
<td>EDCI 591 Observation and Supervised Field Experience in ECE</td>
<td>EDCI 508 Children’s Literature</td>
</tr>
<tr>
<td>EDCI 504 Methods and Materials in Early Childhood Education</td>
<td>EDCI- 569 The Developmentally Appropriate Early Childhood Curriculum</td>
<td>EDCI 505 Assessing the Young Child</td>
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<tr>
<td>EDCI 507 Organization and Administration of Early Childhood Programs</td>
<td>EDCI 508 Children’s Literature</td>
<td></td>
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</tbody>
</table>

#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

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  ( ) Graduate Admissions Committee  or ( )
Department of ___________________   Department of ___________________   School of Health Sciences
P.O. Box __________________       3825 Ridgewood Road       Jackson Medical Mall
1400 J.R. Lynch Street            P.O. Box 23               350 Woodrow Wilson Drive
Jackson State University          Jackson, MS 39211           Jackson, MS 39213
Jackson, MS 39217

Name of person from whom the recommendation is requested: _____________________________________________

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.

<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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<tbody>
<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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</tbody>
</table>
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 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)                        (Please print or type)
Institution: _____________________________________________________________________
                                      Position: ________________________________
Address: ____________________________ (Street Address) ____________________________ (City/State) ____________________________ (Zip Code)
Phone: ____________________________ e-mail: ____________________________
(Include Area Code)                  (Include Area Code)

Department/Program: Department of Elementary & Early Childhood Education/ Master of Science Degree In Early Childhood Education Degree Program:

Academic Advisors:

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Revised October, 1999

OGS Form #