

Student: _____

M#: _____

Are you admitted to Teacher Education? Yes No

Email: _____

@murraystate.edu

When do you plan to student teach? Semester _____ Year _____

Audit and Component Sheet Global Languages

Course	Hours Required Beginning F16	Semester/Year Taken or Plan to Take	Hours from Other Institutions (attach documentation) List Institution & # of Completed Hours	Hours Needed	Components Completed *only mark items if completed in the listed course	Placement Location	
EDU 103	7 hours				<input type="checkbox"/> Preschool	<input type="checkbox"/> ELL <input type="checkbox"/> Ethnic/Cultural	<input type="checkbox"/> Disabilities <input type="checkbox"/> Socio-economic
					<input type="checkbox"/> Elementary	<input type="checkbox"/> ELL <input type="checkbox"/> Ethnic/Cultural	<input type="checkbox"/> Disabilities <input type="checkbox"/> Socio-economic
					<input type="checkbox"/> Middle	<input type="checkbox"/> ELL <input type="checkbox"/> Ethnic/Cultural	<input type="checkbox"/> Disabilities <input type="checkbox"/> Socio-economic
					<input type="checkbox"/> Secondary	<input type="checkbox"/> ELL <input type="checkbox"/> Ethnic/Cultural	<input type="checkbox"/> Disabilities <input type="checkbox"/> Socio-economic
					<input type="checkbox"/> Vocational	<input type="checkbox"/> ELL <input type="checkbox"/> Ethnic/Cultural	<input type="checkbox"/> Disabilities <input type="checkbox"/> Socio-economic
					<input type="checkbox"/> School-Based Council Meeting		
					<input type="checkbox"/> Diversity		
					<input type="checkbox"/> School Board Meeting	Board of Education	
EDP 260	7 hours						
EDU 303	6 hours					<input type="checkbox"/> ELL <input type="checkbox"/> Ethnic/Cultural	<input type="checkbox"/> Disabilities <input type="checkbox"/> Socio-economic
EDU 403	3 hours				<input type="checkbox"/> School-Based Council Meeting		
					<input type="checkbox"/> School Board Meeting	Board of Education	
EDU 405	2 hours				<input type="checkbox"/> PLC		
SED 300	7 hours				<input type="checkbox"/> Diversity	<input type="checkbox"/> ELL <input type="checkbox"/> Ethnic/Cultural	<input type="checkbox"/> Disabilities <input type="checkbox"/> Socio-economic
					<input type="checkbox"/> FRYSC		

