

M.A.T./M.S.T (G8-12)/Leading to Professional Licensure in an Academic Discipline

CLASS ENTERING 2008

TO BE SUBMITTED DURING THE SECOND TERM OF ENROLLMENT IN THE PROGRAM, PRIOR TO THE OPENING OF REGISTRATION FOR THE THIRD TERM OF ENROLLMENT

NAME \_\_\_\_\_ ANTICIPATED COMPLETION DATE \_\_\_\_\_

SEMESTER/YEAR

BC ID \_\_\_\_\_

CHECK APPROPRIATE ACADEMIC DISCIPLINE  BIOLOGY  EARTH SCIENCE  ENGLISH  GEOSCIENCES  HISTORY  MATHEMATICS  SPANISH  TELL (TEACHING ENGLISH LANGUAGE LEARNERS)

COURSE NUMBER AND TITLE	CREDITS	SUMMER	FALL	SPRING	T/S*
Five (5) graduate A&S courses in the academic discipline** _____ _____ _____ _____ _____	15				
One of the following <input type="checkbox"/> ED 346 Teaching Bilingual Students (TELL) <input type="checkbox"/> ED 62I Bilingualism, Second Language and Literacy Development (TELL)	3				
ED 678 Advanced Classroom Research	3				
Three (3) graduate pedagogical courses related to the academic discipline** _____ _____ _____	9				
ED 888 Master's Comprehensive Examination	0				
<b>Total credits</b>	<b>30</b>				

This coursework leads to acquiring Professional Licensure, but it does not guarantee Professional Licensure. All candidates applying for Professional Licensure must possess an Initial License in the area in which they are seeking Professional Licensure, must have taught for at least three (3) years in a public school in Massachusetts, must complete the required coursework, and must apply to the Massachusetts Department of Education to receive final approval.

\* Insert a T (transfer) or S (substitute) as appropriate. Your Advisor and the Department Chair must approve potential "transferred" courses prior to your matriculation in those courses. If seeking a transfer of credits, you must also fill out a "transfer request form" available online.

\*\*All Programs of Study for the M.A.T. Leading to Professional Licensure must be completed in conjunction with your Lynch School Advisor and approved by the Chair of Teacher Education/Special Education, Curriculum & Instruction. Failure to receive prior approval will render your program null and void.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVAL  
ADVISOR OR DIRECTOR OF STUDENT SERVICES  
YES \_\_\_\_\_ NO \_\_\_\_\_  
NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ASSOCIATE DEAN OF GRADUATE STUDIES  
YES \_\_\_\_\_ NO \_\_\_\_\_  
NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_