

M.A.T./Elementary Education (G1-6)/Leading to Professional Licensure

CLASS ENTERING 2011

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 \_\_\_\_\_  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				
<i>One of the following</i> <input type="checkbox"/> ED 346 Teaching Bilingual Students (TELL select ED 346) <input type="checkbox"/> ED 436 Curriculum Theories and Practice	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 in Elementary Education 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.

\*\*\*ALL TELL candidates must complete a non-credit workshop on administering and scoring the MELA-O in order to be considered highly qualified in Massachusetts to teach in an SEI classroom.

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

DATE \_\_\_\_\_

APPROVAL  
ADVISOR OR  
DIRECTOR OF  
STUDENT  
SERVICES

YES NO \_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

ASSOCIATE  
DEAN OF  
GRADUATE  
STUDIES

YES NO \_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE