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

CLASS ENTERING 2009

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 ❒ ` SPANISH ❒ GEOSCIENCES ❒ HISTORY ❒ MATHEMATICS ❒ 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 ❒ ED 346 Teaching Bilingual Students (TELL) ❒ED 621 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				
Total credits	**30**				

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