

**MASTER OF ARTS IN TEACHING**  
**Initial Secondary Licensure Track**

Name: \_\_\_\_\_  
 V-number \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  Cell  Home  Work

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Advisor: \_\_\_\_\_

<b>COURSES</b>			<b>Term</b>	<b>Grade</b>	<b>Credits</b>
<b>I. Required Courses</b>					
ED	534	Content Pedagogy I			3
ED	536	Content Pedagogy II			3
ED	609	Practicum			3
ED	615	Critical Inquiry into the Foundational Narratives of Schooling			3
ED	616	M.A.T Clinical Experience II			3
ED	618	Teaching for Equity, Justice, and Agency			3
ED	622	Curriculum, Assessment, and Management I			3
ED	623	Curriculum, Assessment, and Management II			3
ED	624	Rethinking Special Education			3
ED	643	The Whole Child: Metaphors of Learning and Development			3
ED	651	Content Area Literacy			3
ED	657	Professional Seminar I			3
ED	658	Professional Seminar II			3
ED	659	Professional Seminar III			3
ED	681	Principles and Practices of ESOL and Bilingual Education			3
ED	697	M.A.T. Clinical Experience III			9
		**Ed Tech Credits			2

**II. Exit Requirement**  
 \_\_\_\_\_  
 Action Research Project

TOTAL QUARTER HOURS: **56**

Education Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED: Director of Graduate Programs**

\_\_\_\_\_ Date: \_\_\_\_\_

For Graduate Office Use Only

Endorsement(s): \_\_\_\_\_ Date for endorsement: \_\_\_\_\_

Action Research Title:

MASTER'S DEGREE COMPLETION DATE: \_\_\_\_\_