Syracuse University – School of Education – Program of Study – Master's Degree

Name: _____ SU ID #: _____
Address: _____ Email _____
_____ Phone/cell phone _____

Master's Degree Program Name _____

I am_____ am not_____ seeking the recommendation of the School of Education for New York State teacher certification.
NOTE: The School of Education will recommend applications for certification as follows; 1) for **initial** certification if the applicant completes a teacher preparation program, or 2) for **professional** certification if the applicant already holds initial certification in the same field.

If you are seeking the recommendation from the School of Education for NYS Certification CHECK ONE:
_____ The program I am completing is a NYS approved **preparation** program in the area identified above. I will be seeking recommendation for **initial** certification in this area. I have completed/will complete student teaching, an internship or reading clinic as a part of my program.
_____ The program I am completing is a NYS approved **extended study or professional** program in the area identified above. I currently hold provisional or initial certification in this area. ***Please attach a copy of your certificate.***

UNDERGRADUATE PREREQUISITES to be taken prior to or concurrent with this Master's degree:

Course prefix and number	Course title	Credits	Institution	Date to be taken/Date taken

TRANSFER COURSES from other colleges to be used in this program:

Course prefix and number	Course title	Credits	Institution	Date to be taken/Date taken

COURSES TAKEN at Syracuse University to be used in this program:

Course prefix and number	Course title	Credits	Date Taken	Grade

Total credit hours_____

Student signature: _____Date: _____
I have reviewed AND support the program of study as provided above:

Advisor signature: _____ Date: _____

Academic Unit Chair signature: _____ Date: _____

Assistant Dean for Academic and Student Services signature: _____ Date: _____
Fall 2009