

Master of Arts in Teaching Degree Plan of Study – Certified*

Candidate Name: _____

Social Security Number: _____

Catalog Year: _____

Admission Status/Date: _____

GRE V: _____ Q: _____ GPA: _____ Formula Score: _____

**This degree plan is applicable only to candidates who are already certified to teach through the Louisiana College TEACH program in 2007 or before; through a traditional four-year undergraduate program; or through another alternate certification program at the undergrad level.*

Required Courses for <u>Certified</u> MAT Candidates								
Course Number	Course Title	Course Credits	Prerequisite	Semester Course is Offered	Semester/Year to Enroll in Course	Credit Hours to Enroll In	Advisor Initial when Course Completed	
ED 573	Practitioner Internship	3-12	None	Fall or Spring				
ED 574	Methods in Reading/ELA	2	None	Summer				
ED 575	Practicum in Reading/ELA	1	ED 574	Fall				
ED 576	Methods in Math/Science	2	None	Summer				
ED 577	Practicum in Math/Science	1	ED 576	Fall				
ED 578	Introduction to National Board Certification	9	None	Spring				
ED 600	Ed Leadership Research	3	None	Fall or Spring				
ED 601	Teaching with Significance	3	None	Summer				
ED 603	Advanced Practitioner Internship	3-12	ED 573	Fall or Spring				
Total Credits Required for Degree		33	Total Credits Completed for Degree					

Transfer Courses: A Request for Transfer Credit Form and official transcripts of transfer work must be filed with the Teacher Education Department before courses can be approved. Your Advisor will identify transfer courses with the school abbreviation and date completed in the “Advisor Initials when Course Completed” column above.

Program Completion: Responsibility for reading catalog requirements for completion of the program and for knowing when the program has been completed rest entirely upon the student.

By signing below, you agree to and approve the above degree plan of study for completion of the Master of Arts in Teaching Degree by _____.
Projected Completion Date

Candidate: _____ Date: _____ Advisor: _____ Date: _____

Director of MAT: _____ Date: _____ Academic Dean: _____ Date: _____