APPROVED PROGRAM OF STUDIES MASTER OF SCIENCE IN TEACHING (Adolescence Education, Mathematics)

Upon offer of admission, student will be counseled as to what core content may be required to complete concurrently with masters coursework. All courses are three credits unless otherwise noted.

SUMMER (14	credits)	Semester
GRED 556	Reading and Literacy in the Middle and Secondary School	
GRED 568	Teaching Mathematics in the Middle School	
GRED 578	Practicum in the Middle School Mathematics (2 cr.)	
GRED 600	Philosophical Foundations of Education	
GRED 677*	Development and Learning for Teachers/or approved Elective	
	uired if the candidates undergraduate work does not include a course in developmental, ad rses has been completed, a second approved graduate elective will be taken in place of GR	
FALL (14 cred	its)	
GRED 534	Teaching Math in a Technological World (elective)	
GRED 557	Reading and Literacy in the Middle and Secondary School	
GRED 569	Teaching Mathematics in the Secondary School	
GRED 579	Practicum in the Secondary School Mathematics (2 cr.)	
SPED 505	Introduction to Special Education	
SPRING (14 cr	redits)	
GRED 676	Student Teaching Seminar: Policies & Practices in American Ed. (2 cr.)	
GRED 694	Student Teaching in the Middle/Junior High School (Grades 7-9) (6 cr.)	
GRED 697	Student Teaching in the Senior High School (Grades 10-12) (6 cr.)	
SUMMER (6 c	eredits)	
GRED 667	Topics and Research in Mathematics Education	
Elective	Adviser-approved education or technology course	

CULMINATING EXPERIENCE

All degree candidates are required to create a comprehensive portfolio. The Portfolio/Culminating Experience may be taken for 0 or 3 credits and used to fulfill elective credits with prior adviser approval (see Graduate Catalog for additional details.)

NYS TEACHER CERTIFICATION (3 cr.)

HLTH 530	School Health (CA, SAVE & I	DASA)		
*ONTARIO	CERTIFICATION REQUIREN	MENTS (10 cr.)	
GRED 561	Educational Research, Assessn	nent & Evaluati	on	
GRED 562	Ontario Education (4 cr.)			
GRED xxx	Adviser-approved graduate ele	ctive (if needed):	
Adviser Signature			Date	
Student Name Printed				Student Potsdam ID Number
Student Signa	ture			Date
C .	ture dents who wish to become certifie	ed to teach in O	ntario	Date

Rev 07/15