

PROGRAM OF STUDIES

Master of Arts Degree (Option II — Teaching)

Directions: Complete in consultation with your advisor; keep a copy for your records. Update during the year as needed.

NAME: _____ ADVISOR: _____

OPTION (circle one): Thesis Nonthesis When did you start graduate studies at UM? _____

CREDIT GUIDELINES	Thesis:	30 (at most 10 thesis/research credits)
	Nonthesis:	36 (at most 10 research credits)
	500–600 level:	1/2 remaining credits after excluding thesis/research credits
	300 level:	at most 6 credits

List *all* courses you are planning to take *this academic* year including seminars, independent study, courses outside the department, etc. (List credits, course numbers, and semester; for example (3) MA 555/F06 or (4) MA 452/S07.)

Fall:	() MA _____	Spring:	() MA _____
	() MA _____		() MA _____
	() MA _____		() MA _____
	() MA _____		() MA _____
	() _____		() _____

COURSES you have taken or plan to take at UM or approved transfer courses. (List credits, course numbers, and semester; for example (3) MA 555/F04 or (4) MA 452/S05 or MA 581/T.)

Depth Requirement: 3 courses in Mathematics Education:

() MA ____/____ () MA ____/____ () MA ____/____

Breadth Requirement: 4 courses in Mathematics from at least 2 areas:

() MA ____/____ () MA ____/____ () MA ____/____ () MA ____/____

Other courses: () MA ____/____ () MA ____/____ () MA ____/____ () MA ____/____
() MA ____/____ () MA ____/____ () ____/____ () ____/____

TOTAL CREDITS: _____ (Need 36/30 credits, at most 10 credits research/dissertation.)

COMPREHENSIVE EXAM: Date passed or date you plan to take exam: _____

Certification Requirement: Date of Teaching Certificate: _____

THESIS OPTION Thesis Title: _____
Thesis Advisor: _____
Thesis Committee: _____
Thesis Credits: () MA 599 ____/____
Date of Final Oral Exam (Thesis Defense): _____

NONTHESIS OPTION Professional Paper Title: _____
Research Advisor: _____
Committee: _____
(circle) Research project or Journal article
Date of Oral Presentation: _____

STUDENT'S SIGNATURE: _____ Date: _____

ADVISOR'S SIGNATURE: _____ Date: _____

If you change advisors, please have *both* advisors sign this form.

GRADUATE COMMITTEE'S APPROVAL: _____ Date: _____