

PROGRAM OF STUDIES

Master of Arts Degree (Option II — Teaching)

Directions: Complete in consultation with your advisor. Update during the year as needed. If you change advisors, please have *both* advisors sign this form.

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

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: _____

GRADUATE COMMITTEE'S APPROVAL: _____ Date: _____