

Proposed Semester Program of Graduate Study

Plan A _____ Plan B _____

MASTER OF SCIENCE: MATHEMATICS

Plan A, 30 Cr., Plan B, 33 Cr.

Dept	No.	Name of Course	Instructor	Sem./Yr	Credits	Mark
I. Research: Min., Plan A, 6-9 Cr.; Plan B , 3 Cr.						
MATH	633	Research Implications for Mathematics Learning and Teaching	_____	_____	3	_____
MATH	699	Thesis (Plan A only)	_____	_____	6	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total credits in Research _____

II. Major: Plan A, 15 Cr.; Plan B, 18 Cr.

MATH	631	Teaching Middle school (5-8) Mathematics	_____	_____	3	_____
MATH	632	Teaching Secondary School (9-12) Mathematics	_____	_____	3	_____

The remaining credits in the major should be selected from mathematics & statistic courses with the approval of the department

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total credits in Major _____

III. Professional Education: Min., Plan A or B, 6 Cr.

Credits to be selected with approval of the professional education adviser.

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total credits in Professional Education _____

IV. Electives: Plan A, 3; Plan B, 6 Cr.

Credits to be selected with approval of the Department and are generally from support areas..

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total credits in Electives _____

TOTAL CREDITS IN PROGRAM _____

Signature of Applicant

PROGRAM REQUIREMENTS:

1. Credit limitatin on transfer and extension credits (combined)--10 credits.
2. Credit limitaiton on Workshop--Plan A, 4 cr.; Plan B, 7 Cr.
3. Required: one-half of the minimum requirements for the entire program must be completed in 600-level courses.

ST. CLOUD STATE UNIVERSITY

Major: Mathematics

Application for Semester Program Approval: Master of Science Degree

Name _____ Social Security Number _____ Date _____

Mailing Address _____ Home Telephone _____
 _____ Business Telephone _____
 City State Zip

Name of Undergraduate College or University _____

Current Position Held _____ School _____

Request transfer of the following courses: **(Official transcripts of all transfer credits which have been completed are required to be in the Graduate Studies Office before program can be approved.)**

Dept. and Course No.	Name of Course Transferred	College or University	Sem./Qtr. Hours	Date Taken	Marks
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Not to be filled in by applicant)

All deficiencies related to this student's admission to graduate study have been removed. I approve the program outlined in this application.

Signature of Adviser

The program outlined in this application complies with the minimum course requirements of the university for the Master of Science degree in this major field.

Student notified _____

Signature of Graduate Dean