

**OREGON STATE UNIVERSITY
GRADUATE SCHOOL
MASTER OF ARTS IN TEACHING PROGRAM**

MAT

Last Name (Family)		First Name		Middle Init.	(Former)
Day Phone #	ID#	Email Address			
Major Dept./Program			Teaching Specialty		
Degrees Held	University	Major	Degree	Date	
	University	Major	Degree	Date	

**Professional Core Courses
(minimum of 3 credits)**

Transfer Symbol	G*	Course Title	Course		Cr.	Gr.
			Dept.	No.		
Total						

**Internship
(15-18 credits)**

Transfer Symbol	G*	Course Title	Course		Cr.	Gr.
			Dept.	No.		
Total						

**Teaching Specialty
(18-21 credits)**

Transfer Symbol	G*	Course Title	Course		Cr.	Gr.
			Dept.	No.		
Total						

**Electives / Subject Area Specialization
(6-9 credits)**

Transfer Symbol	G*	Course Title	Course		Cr.	Gr.
			Dept.	No.		
Total						

Transfer courses indicated:

Transfer Symbol	University
T1	
T2	
T3	
T4	

Total 4XX/5XX Program Credits	
Total Standalone Credits	
TOTAL CREDITS ON PROGRAM (minimum of 48 credit hours)	

*Mark courses that will be graduate standalone with the letter "G" in this column.

The student and the student's advisory committee must affirm compliance with each of the following requirements.

Yes No No more than 50% of the **credits** listed on this program will be taken as slash **courses** (the 5XX component of a 4XX/5XX course). **That is, 50% or more of all credits listed on this program have a G in column 2 and** at least 50% of all **credits** will be taken as standalone graduate courses.

Yes No All work toward this degree will be completed within seven (7) years. This includes transfer credits, all course work, all examinations, and final library copies of thesis, if applicable.

Yes No All transfer courses listed on the previous pages meet one of the following definitions:

- Graduate courses taken at OSU while I was a special, non-degree student, or
- Graduate courses taken at OSU while I was a postbaccalaureate student, or
- Graduate courses taken at OSU and reserved for graduate credit while I was an undergraduate student, or
- Graduate courses taken at OSU and reserved for graduate credit while I was a postbaccalaureate student, or
- Graduate courses taken at other accredited universities after I had received a baccalaureate degree.

Yes No All courses listed as transfer courses were earned with grades of B or better and none of them were used on another master's degree. I understand that I cannot use transfer courses that are graded on a nonstandard basis, such as pass/no pass (P/N), credit/not credit, and satisfactory/unsatisfactory (S/U).

Yes No The program of study satisfies the residence requirement. That is, 30 credits on the form are courses taken at OSU after I have been admitted as a regular, degree-seeking graduate student. Also, transfer courses as defined above are not counted toward this residence requirement.

Yes No None of the courses listed on this program will be completed with grades of S. I understand that such courses cannot be used in a graduate program.

Yes No None of the courses listed on this program will be completed with letter grades below C (2.00).

I certify that the information on both pages of this form is correct to the best of my knowledge. I also certify that all graduate standalone courses and transfer courses have been identified using the appropriate columns on page 1 of this form, and that the program meets all the conditions listed in the checklist above.

Student's Signature			
		<i>Signature</i>	<i>Date</i>
APPROVED - Major Professor			
	<i>Typed Name</i>	<i>Signature</i>	<i>Date</i>
APPROVED - Dept. Chair/Program Coordinator			
	<i>Typed Name</i>	<i>Signature</i>	<i>Date</i>
APPROVED - Education			
	<i>Typed Name</i>	<i>Signature</i>	<i>Date</i>
APPROVED - Graduate School			
		<i>Signature</i>	<i>Date</i>