Hood College
Master of Science in Mathematics Education
Middle School Track
DEGREE CANDIDACY FORM

Print Name___________________________________________  Student ID_______________________________________
Day Phone_______________________________________ Evening Phone________________________________________
E-mail Address________________________________________________________________________________________
Street ____________________________________________________________________________ Apt._______________
City, State, ZIP________________________________________________________________________________________

1. Date of first course in the program _____________ Expiration date of seven-year time limit ______________
(term/year)         (see catalog)

2. Please indicate courses (6 credit maximum) approved for transfer by the Dean of the Graduate School. Official transcript(s) and course description(s) or syllabus(i) must be on file in the Graduate School before this form can be submitted. Indicate the department number, course number, course title, credits earned, date completed, institution and grade(s) earned. Please read the section of the Hood College Catalog regarding transfer of credit for full details of the transfer policy.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
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3. Put a CHECKMARK by the courses listed that you have satisfactorily completed at Hood. CIRCLE the courses in which you are currently enrolled or plan to take. Place a “T” by courses you listed for transfer in section two (2) above.

Four courses in mathematics:
_____ MATH 500 _____ MATH 501 _____ MATH 502 _____ MATH 505

Four courses in education:
_____ EDUC 551 _____ EDUC 552 _____ EDUC 595 _____ EDUC 596

Two electives:
_____ EDUC 546 _____ EDUC 547 _____ MATH 599 _____ CS 503
_____ IT 512 _____ EDMA 579*
*Requires Permission to Enroll Form

4. SIGNATURES: The student is responsible for obtaining signatures from the adviser and department chair before the form is submitted to the Dean. Do not mail this form to your adviser. You MUST schedule an appointment with your adviser to complete this form together.

Student________________________________________________________________  Date______________________
Adviser________________________________________________________________  Date______________________
Program Director ________________________________________________________  Date______________________
Graduate School_________________________________________________________ Date______________________

Copies: Graduate School, Adviser and Candidate

MARCH 2008