

SUL ROSS STATE UNIVERSITY
A Member of the Texas State University System

MASTER OF EDUCATION
WITH ALTERNATIVE TEACHER CERTIFICATION

Name: _____ Date: _____
 Address: _____ SID #: _____
 Phone (H): _____
 E-mail: _____ Phone (W): _____

Required TExES Exams: # _____ Admission: Full Probational
 #160 PPR EC-12 Comprehensive Exam Pass: Fail:

30 SEMESTER CREDIT HOURS FOR CERTIFICATION PLUS MASTERS	
All courses must be completed in a 6-year period.	
<i>TAKEN FIRST: CERTIFICATION COURSES</i>	
	ED 5310 Organisation and Structure of Public School Curriculum
	ED 5305 Technology in the Educational Setting
	ED 5312 Advanced Survey, Exceptional Children
	ED 5322 Behaviour Management
	ED 5361 Teaching Diverse Learners
	ED 5360 Professional Roles and Responsibilities
	ED 6313 Reading in the Content Area
<i>SUPERVISED EDUCATOR ASSIGNMENT</i>	
	ED 5300 Internship I [<i>One Year Internship Option</i>]
	ED 5301 Internship II
OR	
	ED 5627 Clinical Teaching [<i>One-Semester Practicum Option</i>]
<i>This Course Must be taken Immediately After Certification Courses are Completed</i>	
	ED 5307 Graduate Research

Internship: One year successful teaching on a probationary certificate as a teacher of record in a public or accredited private school in the area/level for which certification is sought.

Clinical Teaching: One semester of successful practicum with a cooperating teaching in a public or accredited private school in the area/level for which certification is sought.

NOTE: IF NOT CERTIFIED DURING THE FIRST YEAR OF INTERNSHIP, STUDENTS WILL CONTINUE THEIR ENROLLMENT IN AN INTERNSHIP COURSE EACH SEMESTER UNTIL CERTIFIED. INTERNSHIP CERTIFICATION MAY BE RENEWED 2X. PASSING THE TExES CONTENT EXAM IS REQUIRED PRIOR TO INTERNSHIP.

NOTE: STUDENTS WISHING TO USE THE CLINICAL TEACHING OPTION MUST APPLY AND SUBMIT AN APPLICATION ONE SEMESTER PRIOR FOR PLACEMENT. CLINICAL TEACHING IS ONLY AVAILABLE IN THE FALL OR SPRING. PASSING OF TExES CONTENT EXAM IS REQUIRED PRIOR TO CLINICAL TEACHING.

Transfers/Substitutions with approval only.	
for	for
for	for

_____, *Advisor* Date _____ Director of Teacher Education Date _____

Additional Comments:

A person providing information to Sul Ross State University by means of this form is entitled (with few exceptions) to request, receive, review, and, if desired, correct information about him/her that is incorrect.
Texas Government Code, Chapter 559.