

Mathematics (B.S.)

Secondary Teaching Licensure Major

2018-2019 catalog

Student Name: _____ **ID Number:** _____

Major Requirements

All classes must be completed with a C grade or better.

Term Completed/Planned	Grade	Credit	Course #	Title
_____	_____	4	MAT145	Calculus I (NSM)
_____	_____	4	MAT146	Calculus II (NSM)
_____	_____	4	MAT245	Calculus III
_____	_____	4	MAT246	Linear Algebra
_____	_____	4	MAT252	Exploring Geometry
_____	_____	4	MAT271	Discrete Mathematical Structures
_____	_____	4	MAT287	History of Mathematics
_____	_____	4	MAT314	Abstract Algebra
_____	_____	4	MAT324	Analysis
_____	_____	3	ESE330	5-12 Methods: Mathematics

Complete **one (1)** statistical perspectives elective, chosen from:

_____	_____	4	MAT163	Introductory Statistics
_____	_____	4	MAT164	Introductory Statistics for STEM
_____	_____	4	MAT373	Probability Theory

Other approved statistical perspectives elective:

Complete **one (1)** applied project elective, chosen from:

_____	_____	4	MAT355	Numerical Mathematics and Computation
_____	_____	4	MAT369	Modeling and Differential Equations in Biological and Natural Sciences
_____	_____	4	MAT374	Statistical Theory and Applications
_____	_____	4	MAT377	Operations Research

Other approved applied project elective:

Pass MAT491 in your final term (prior to student teaching)

_____	_____	0	MAT491	Mathematics Colloquium
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Complete an experiential component approved by a Mathematics faculty advisor (student teaching, for most students seeking licensure)

Please consult the Secondary Education License checklist for additional licensure requirement.

The Speaking skill is completed through required licensure coursework.

Abbreviation Key: ML = Modern Language; SC = Signature Curriculum; EM = Engaging Minneapolis; AE = Augsburg Experience; KC = Senior Keystone Course; NSM = Natural Science & Mathematics - no lab; NSM-L = Natural Science & Mathematics-with lab; SBS = Social & Behavioral Science; FA = Fine Arts; HUM = Humanities

Student's Signature _____ Date _____

Advisor's Printed Name _____ Signature _____ Date _____

Advisor(s): By signing, you indicate you have verified the accuracy of the information above. Faculty advisors must initial next to each course substitution/waiver and sign this form.