College of Graduate Studies
Degree Plan for Master of Science in Teaching, Secondary Mathematics

Part I – Student Information

Name: ____________________________ MTSU ID # M ____________________________

Current Mailing Address: ______________________________________________________

City, State, Zip: _____________________________________ MTSU Email Address: ______________

Degree Sought: ______________________ Major: __________________________

If applicable: Concentration: ___________________________ Specialization: ___________________________ Minor: ___________________________

Choose One: Thesis Option   Non-Thesis Option

I understand that if human or animal subjects are involved in my research (including thesis research), it is my responsibility to file a research protocol application with the Institutional Review Board (Sam H. Ingram Building, 011B) before I begin collecting data. Failure to secure this permission prior to conducting my data collection using human or animal subjects will negate the use of that data for any academic purpose including thesis.

_________________________  ____________________________
Signature of Student       Date

Part II – Signatures and Approvals

Signatures in this area are required for approval of all degree plans.

I certify that the following program, when successfully completed, meets all coursework requirements for this degree.

_________________________  ____________________________  ____________________________
Graduate Advisor Name (Print)  Signature  Date

_________________________  ____________________________  ____________________________
College of Graduate Studies Approval  Date

Signatures in this area are required for approval only if applicable to degree program.

This individual holds a professional license, or licensure requirements will be met by the courses listed below.

_________________________  ____________________________  ____________________________
Teacher Licensure Office Approval (Print)  Signature  Date

Programs that require educational component

_________________________  ____________________________  ____________________________
Chair of Educational Leadership/Elementary Education (Print)  Signature  Date

Minor Advisor

_________________________  ____________________________  ____________________________
Graduate Minor Advisor (Print)  Signature  Date

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# Part III – Course Information

List ONLY graduate-level courses to be counted toward the degree. Include those completed as well as those still to be taken to fulfill degree requirements.

Candidate must complete 36 hours in the following course of study:

## Required Core Courses (9 Hours)

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Cr Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATH 6320</td>
<td>Mathematical Problem Solving</td>
<td>3</td>
</tr>
<tr>
<td>MATH 6380</td>
<td>Current Trends in Mathematics Education</td>
<td>3</td>
</tr>
<tr>
<td>MATH 6900</td>
<td>Research in Mathematics Education</td>
<td>3</td>
</tr>
</tbody>
</table>

## Concentration (15 Hours)

Including three other courses in the department as selected with advisor.

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Cr Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATH 6170</td>
<td>Sets and Logic</td>
<td>3</td>
</tr>
<tr>
<td>STAT 6020</td>
<td>Introduction to Biostatistics</td>
<td>3</td>
</tr>
<tr>
<td>STAT 6602</td>
<td>Problems in Statistics-Regression Analysis</td>
<td>3</td>
</tr>
<tr>
<td>STAT 6603</td>
<td>Problems in Statistics-Nonparametric statistics</td>
<td>3</td>
</tr>
<tr>
<td>STAT 6604</td>
<td>Problems in Statistics-Experimental Design</td>
<td>3</td>
</tr>
</tbody>
</table>

## Cognate (12 Hours)

Twelve hours in the College of Education (determined by the departments of Mathematical Sciences, Educational Leadership and Elementary and Special Education)

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Name: _______________________________ MTSU ID # M ____________

**Department must verify that all admission conditions(s) were or were not met:**

Department Admissions Conditions Met? Yes ________ No ________

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