

Master of Science in Education in Mathematics Education **Application**

For Office Use Only	Date Received:			
Application l	Essay			
	ergraduate transcript			
	ation of transfer credits, official gra		Decommondation 2	
Preferred start Date	Specialization	Recommendation 1	Recommendation 2	
Last Name	First	Name	Middle	
Preferred First Name	Name on previous records		Date of Birth	
Personal Email Address		Home Phone Number		
Home mailing address				
Country of Birth:		Are you a	US citizen? Yes No	
If you are a US Permanent Resident Card. A#	•	number and submit a copy (front & l	back) of your Permanent	
		crediting associations, and college g quests, we ask you to answer the foll		
Language(s) spoken at hon	ne	Are you of Franco-America	an heritage? Yes No	
Please indicate if you are H	Hispanic/Latino Yes No			
Please select one or more of	of the following racial categories to	describe yourself: American In	dian or Alaska Native	
Asian Black or Africa	can American Native Hawaiian	or other Pacific Islander White	Other	
Education and Experie	ence (check one)			
_	s an undergraduate student			
I have a bachelor's degree	•			
_				
I have a bachelor's degre	e from another institution			
		with the Maine Department of Educ		
	•	X-12 school setting?(
Number of Years Teaching _			, <u>r</u> ,	
•	current Employer			
	Department of Education certificat		Please provide a copy of your	
My endorsements are in the f	following areas		Maine DOE certification.	
Other PreK-12 experience:				
•	Pos	sition	Number of years	
District/School	Dog	sition	Number of years	

Education

Where did you receive your	: baccalaureate degree?			
Institution		Degree In		
Only graduate courses in w		ubmit for transfer into the program? nd were taken in the last five years fro be accepted for transfer.	Yes No om a regionally accredited	
Institution	Course	Grade_	Date Completed	
Institution	Course	Grade_	Date Completed	
Institution	Course	Grade_	Date Completed	
Institution	Course	Grade_	Date Completed	
graduate courses listed abov This office will obtain all classes do not need to be su	ve. Official transcripts must be sent UM System school transcripts (UI	e and graduate) from all the above instate directly from the above institutions to MA, UMF, UMFK, UMM, UM, UM	to the Office of Graduate Studies.	
Program Plan Preferred semester to start y	our graduate program:	September January May	Application Due Dates* August 13 for September December 8 for January April 12 for May	
Pace: I plan to complete the	e program in: 2 years	3 years 4 years		
		sidered when complete. Students may ne courses may require prerequisites		
Specialization (please	see catalog for descriptions) S	Select one		
Leadership - Math Coaching		Initial Licensure	Initial Licensure	
Leadership - Math Intervention		Leadership - Undeclared (r credits)	Leadership - Undeclared (must declare after completing 9 credits)	
explain how UMF's Master words) Initial Licensure Specializat undergraduate credits) and t	of Education in Mathematics Education Essay Prompt: We are looking the potential to provide high quality	your philosophy for teaching and lead eation will support your work as a mat for candidates with a strong mathemat mathematics instruction to students in your academic and professional goals	hematics educator. (500 tics background (at least 15 the K-12 schools. Write a brief	

Two recommendations are required. One recommendation must be from a university faculty member or recent school employer who can speak to your potential for completing graduate work. Please provide each reference with a copy of the blank Recommendation Form found online.