

TEACHER EDUCATION PROGRAM OF STUDY

NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD

SFN 53896 (03-09)

					Educa	ator's P	rofess	ional l	_icens	e Num	ber	
Name (Last, First, MI)		Maider	n Name									
Address				or								
					Social Se	ecurity	Numb	er (do	not us	e dasł	nes)	
City		State	Zip Code (9-digit)									
Home Telephone Number Work Telephone Number		oer	Date of Birth	Email Address								
Name of Institution												
Mailing Address	City				State				Zip C	ode		
Existing Major/Minor (attach transc	ripts)											

Pursued Major

Required Coursework (based on North Dakota Teacher Education Program Approval Standards)						
General Studies	Professional Education	Content Major				

Approved Signatures

Program Advisor	Date
Teacher Education Chair	Date
Dean, College of Education	Date
Executive Director, ESPB	Date

Submit completed form to: Education Standards and Practices Board 2718 Gateway Avenue, Suite 303 Bismarck ND 58503-0585 (701) 328-9641 Office (701) 328-9647 Fax

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