

**ELEMENTARY MATHEMATICS SPECIALIST (K-8)
SPECIALIZATION/CERTIFICATE PROGRAM**

Specialization: ____ Certificate: ____

Name: _____ Address: _____
 V-number: _____
 Email address: _____
 Phone: _____ Cell Home Work Advisor: _____

Teaching License/endorsements held/expected: _____

Prior to admission, all students in the EMS specialist/certificate program must meet with the WOU EMS program coordinator:

Dr. Rachel Harrington, 503-838-8831, harringtonr@wou.edu

Required Courses

MTH 611	Counting and Whole Number Operations			3
MTH 612	Fractions and Proportions			3
MTH 613	Geometry and Measurement			3
MTH 614	Statistics and Probability			3
ED 637	Inquiry Into Pedagogy: Mathematics			3
ED 673	Mathematics Leadership in K-8 Schools			3
ED 609	Elementary Mathematics Leadership Practicum II			3

Choose One of the Following 3 credit courses:

MTH 615	Patterns and Algebraic Thinking			3
MTH 616	Algebra and Functions			3
Total Hours				24

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

APPROVED: Dean of Graduate Studies and Research

_____ Date: _____

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 CERTIFICATE COMPLETION DATE: _____

SPECIALIZATION COMPLETION DATE: _____