Murray State "M" Number: M

Name: ____________________________ Date: ___________________

Mailing Address: ____________________________ Work Phone: ___________________

E-mail Address: ____________________________ Home Phone: ___________________

Cell Phone: ____________________________

Master’s Degree/Rank II Held: ____________________________ Date Granted: ___________________

Granting Institution: ____________________________

Specific Objective of Certification Program: Instructional Computer Technology Endorsement

**Certification Program:**

<table>
<thead>
<tr>
<th>Course Prefix &amp; No.</th>
<th>Course Title</th>
<th>Semester Hours</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDU 606</td>
<td>Prep. of Curr. Materials</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EDU 626</td>
<td>Integ. of Ed. Tech.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Select one of three offered electives</td>
<td>3</td>
<td></td>
<td></td>
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</table>

If transfer credit is included in this program (limit of 15 hours for Rank I), list the class(es) as it appears on the other school’s transcript and the initials of the school at the end of the name of the class. In ( ) at end of line list the MSU course replaced (if any).

I acknowledge that the information on this form reflects the requirements as listed on the approved program guidesheet and all requirements outlined in the *Graduate Bulletin*.

**Applicant’s Signature** ____________________________

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**Do not write below this line**

<table>
<thead>
<tr>
<th>Approve</th>
<th>Disapprove</th>
<th>Date</th>
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</tbody>
</table>

Departmental Graduate Advisor ____________________________ Date ___________________

Department Chair ____________________________ Date ___________________

College Graduate Coordinator ____________________________ Date ___________________

College Dean ____________________________ Date ___________________

For Teacher Education Services Processed by ____________________________ Date ___________________