**GRADUATE EDUCATION PROGRAMS**

**PROGRAM CHANGE REQUEST**

|  |  |
| --- | --- |
| **Student** | **[FULL NAME]** |
| **AU ID** | [ID] |
| **AU Partner** | [School district/NA] |

**GRADUATE EDUCATION PROGRAM CHANGE REQUEST**

**Instructions:**

Please use this form to request a change from a non-degree (ND) credit-bearing teaching/administrative certification program to a master’s of education (M.Ed.) or doctoral (Ph.D.) program. Fill out the form by replacing the text in brackets with your information. Refer to the table below that lists the University’s graduate and post-graduate education programs.

Sign, date, and submit the form to the track’s coordinator who will forward the form and a new curriculum sheet to the Education Department Chair and then a graduate registrar.

|  |  |  |
| --- | --- | --- |
| **Track (coordinator)** | **Academic Program** | **Program Type** |
| **Educational Leadership** **Dr. Shawn Rutt** | Superintendent's Letter of Eligibility | ND PDE certification |
| Principal (PK-12) Certification | ND PDE certification |
| Master of Education in Educational Leadership | M.Ed. |
| Master of Education with Principal (PK-12) Certification | M.Ed. with PDE certification |
| Ph.D. in Leadership (Edu concentration) with Superintendent’s Letter of Eligibility | Ph.D. with PDE certification |
|  | Graduate Certificate in Educational Innovation and Entrepreneurship (TExpL) | ND AU Graduate Certificate |
| **Special Education** **Dr. Shawn Rutt** | Graduate Certificate in Disabilities and Inclusive Communities | ND AU Graduate Certificate |
| Special Education (PK-12) Certification | ND PDE certification |
| Master of Education in Special Education | M.Ed.  |
| Master of Education with Special Education (PK-12) Certification  | M.Ed. with PDE certification |
| **Teaching English** **as a Second Language** **(Dr. Elena Lawrick)** | ESL Program Specialist (PK-12) Certification  | ND PDE certification |
| Master of Education in Teaching ESL | M.Ed.  |
| Master of Education in Teaching ESLwith ESL Program Specialist (PK-12) Certification | M.Ed. with PDE certification |

I [Name] request to change my major from the non-degree program [Program Title as shown in the table above] to the degree program [Program Title as shown in the table above].

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature | Date |
| Program Director |  |  |  |
| Education Department Chair |  |  |  |

The form is sent to [Name] for processing by [Name] on [Date].