



APPLICATION FOR MASTER'S DEGREE OR CERTIFICATE OF ADVANCED STUDY

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439

PRINT LEGAL NAME

Form fields for personal information: First Name, Middle Name, Last Name, Address, City, State, Zip Code, Date of Birth, Expected Graduation Date, E-mail, Telephone Number, and Student ID Number.

- MASTER OF SCIENCE IN EDUCATION
Childhood: 013A-013S
Literacy & Childhood Special Ed: 029A-029B
Literacy B-6: 030A-030S
Literacy 5-12: 030B-030S

- Adolescence Education 7-12: 031B-040B
Visual Arts Education: 050A-050S
Adolescence Special Ed. & Literary: 059A-059G

- Special Ed: Adolescence 7-12: 060A-060G
Second Language Education: 065
School Leadership: 080A

- CERTIFICATE OF ADVANCED STUDY
School Leadership: 401A-402A

- MASTER OF ARTS IN TEACHING
Biology: 101B
Earth Science: 102B
English: 103B
Chemistry: 104B-104C
French: 105B
Mathematics: 107B
Social Studies: 109B
Spanish: 110B

- MASTER OF SCIENCE FOR TEACHERS
Childhood Education 1-6: 020A-020C
Childhood Education 1-6 and Early Childhood Education B-2: 020E

- MASTER OF ARTS
Biology: 202
English: 204
Mathematics: 206
Psychology: 208

- MASTER OF BUSINESS ADMINISTRATION
Business Administration: 261
Public Accountancy: 262

- MASTER OF FINE ARTS
Ceramics: 301
Metal: 302
Painting-Drawing: 303
Printmaking: 305
Sculpture: 306

- MASTER OF PROFESSIONAL STUDIES
30 credits General Program: 070G
36 credits Teaching Cert. Track: 070C

- MASTER OF SCIENCE
Electrical Engineering: 265
MicroElectronic Specialization: 265M
Energy Specialization: 265E
Systems Specialization: 265S
Computer Engineering Specialization: 265C
Computer Engineering BS/MS Program: 268
Electrical Engineering BS/MS Program: 269
Computer Science: 270
Music Therapy: 285
Mental Health Counseling: 290
School Counseling: 295
Communication Disorders: 090S-090I

- GRADUATE CERTIFICATE PROGRAM
Multi-Cultural Education: 071
Mental Health Counseling: 291
Trauma & Disaster Mental Health: 292
Teaching English Language Learners: 067
Autism Institute: 061

Signature of Student _____ Date _____

EDUCATION MAJORS: Please recommend me for New York State Teacher Certification. I hereby authorize the release of my Name and Social Security Number for the purpose of recommending me to the New York State Education Department's Office of Teaching Initiatives through the TEACH system. Signature of Student _____ Date _____