



**College of Education and Professional Development**  
**PLAN OF STUDY: Certificate in Elementary Mathematics Specialist**

NAME: \_\_\_\_\_ MU ID: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
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Failure to return the signed Plan of Study within 30 days will automatically indicate acceptance of the Plan of Study. Coursework included as a part of this Plan of Study must not be older than seven years at the time of graduation. All coursework that candidates wish to transfer from other institutions must be approved by Marshall University. Candidates should submit a **Graduate Certificate Program Completion** form (accessible @ <http://www.marshall.edu/graduate/current-students/forms-and-information-2/>) by the published deadline during the final semester of course work.

**Certificate in Elementary Mathematics Specialist (21 hours)**

COURSE	TITLE	SEM/YR*	GRADE	HOURS	NOTES
CIEC 534	Applications Software in the Classroom Curriculum Area	Fall, Spr, Smr		3	
CIME 500	Mathematics for Elementary Teachers I	Fall		3	
CIME 501	Mathematics for Elementary Teachers II	Fall		3	
CIME 555	Technical Mathematics for Mathematics Educators	Spr		3	
CIME 650	Algebra for Mathematics Educators	Smr		3	
CIME 658	Geometry for Mathematics Educators	Spr		3	
CIME 673	Elementary Mathematics Methods and Supervised Field Practicum K-6	Fall, Spr		3	

Total Hours: 21

_____	Date	_____	Date
Candidate		Advisor	
_____	Date	_____	Date
Program Director		Dean	

\*Semesters of course offerings are subject to change. Please stay in touch with your academic advisor.