

**VERIFICATION OF COMPLETION  
of Teaching Major and Teaching Minor  
Master of Education - Practicum**

Secondary     Elementary     Special Education

Semester applying for Practicum \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Major or Composite Major

\_\_\_\_\_  
Minor if applicable

**Teaching Major, Composite Teaching Major or Minor**

\_\_\_\_\_  
Signature of Department Director

\_\_\_\_\_  
Phone Ext.    Date

\_\_\_\_\_  
Background Clearance

\_\_\_\_\_  
Date

MED 6050 – Curriculum Design, Evaluation and Assessment (3)

Completed \_\_\_\_\_ (Semester)