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

_____ _____
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)