CONTENT AREA MAJOR EQUIVALENCY ENDORSEMENT
MS COMPOSITE SCIENCE EDUCATION GRADES 5-8

NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
SFN 53954 (8-2006)

Educator's Professional License Number

or

Social Security Number (do not include dashes)

Name (Last, First, MI)			
Address			
City	State	Zip Code (9-digit)	
Home Telephone Number	Work Telephone Number	Email Address	

Note: Teachers teaching courses for high school credit at any level must meet high school content major/major equivalency standards.

A middle level major equivalency endorsement consists of 24 semester hours for a single content area verified through official transcripts from a state-approved college of teacher education. All major equivalencies must meet North Dakota Teacher Education Program Approval Standards. A major equivalency will not change the level of preparation of the applicant unless completed with a student teaching or clinical practice option.

MS Composite Science Education Grades 5-8

Required: Minimum of 24 semester hours	**Content Completed**	**# SH**	**Need to Complete**	**# SH**
Life Science 6 SH				
Earth Science 6 SH				
Physics 4 SH				
Chemistry 3 SH				
Science Labs 2 SH				
Methods of Teaching Science 3 SH				
	Total SH		**Total SH**	

Please sign below and attach all transcripts along with the $75.00 major equivalency review fee.

Signature of Applicant	Date
ESPB Reviewed By	Date
Executive Director, ESPB	Date

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.

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PAYMENT/CREDIT CARD INFORMATION

This documentation will be destroyed upon completion of processing.

Type of Payment ☐ Visa ☐ Mastercard ☐ Check	Amount $
Name as it Appears on Credit Card	
Credit Card Acount Number	Expiration Date

Please remember to sign form.

Print Form

Submit completed form to:

Education Standards and Practices Board
2718 Gateway Ave, Suite 303
Bismarck, ND 58503-0585
(701) 328-9641 Office
(701) 328-9647 Fax