



**CONTENT AREA MAJOR EQUIVALENCY ENDORSEMENT
MS SOCIAL STUDIES EDUCATION GRADES 5-8
SFN 53951 (O5-17)**

Educator's Professional License Number

--	--	--	--	--	--	--	--	--	--

or

Social Security Number (do not use dashes)

--	--	--	--	--	--	--	--	--	--

Name (Last, First, MI)		Maiden Name	
Address			
City		State	Zip Code (9-digit)
Home Telephone Number	Work Telephone Number	Date of Birth	Email Address
High School Attended		High School City Attended	State

MS Social Studies Education Grades 5-8

Required: Minimum of 24 SH	Content Completed	# SH	Content Needed	# SH
History - 12 SH Including: ND History World History US History to 1877 Electives				
Geography - 9 SH including: ND/North American Geography World/Regional Geography Electives				
Methods of Teaching Social Studies (3SH)				
	Total SH		Total SH	

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

Applicant:	Date
ESPB Approval::	Date

Submit completed form and fee to: Education Standards and Practices Board
2718 Gateway Ave. Suite 204
Bismarck, ND 58503
(701) 328-9641
(701) 328-9647

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. Failure to provide a social security number may delay the processing. 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.



Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check			Amount \$																															
Name as it appears on credit card																																		
<u>Credit Card Number</u> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						<u>Expiration Date</u> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;">m</td><td style="text-align: center;">m</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td> </tr> </table>					m	m	y	y	<u>3 digit CVV</u> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td> </tr> </table>			
m	m	y	y																															
Billing Address of credit card (if different than the mailing address)																																		
Address: _____																																		
City _____ State _____ Zip Code _____																																		

This documentation will be destroyed upon completion of processing.