



**CONTENT AREA MAJOR EQUIVALENCY ENDORSEMENT-
MS MATHEMATICS EDUCATION GRADES 5-8**
SFN 53952 (05-17)

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

Educator's Professional License Number

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or

Social Security Number (do not use dashes)

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MS Mathematics Education Grades 5-8

Required:	Content Completed:	# SH	Content Needed:	# SH
Minimum of 24 SH				
College Algebra/Precalculus				
Calculus (minimum 3 SH)				
Geometry				
Probability/Statistics				
Computer/Instructional Technology				
Methods of Teaching Mathematics				
Math Electives				
Required content must be obtained through coursework at or above the level of College Algebra.	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 58503-0585
 (701) 328-9641 Office
 (701) 328-9647 Fax

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.



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> <input type="text"/> <input type="text"/>		<u>Expiration Date</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y	<u>3 digit CVV</u> <input type="text"/> <input type="text"/> <input type="text"/>
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.