



MATHEMATICS CONTENT AREA MINOR EQUIVALENCY ENDORSEMENT
 SFN 58248 (05-17)

Educator's Professional License Number

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or

Social Security Number (do not use dashes)

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| 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 |

Prerequisite: Valid North Dakota educator's professional license.
Timeline: The ME 16 is issued for a maximum period of five years and is not renewable. If you wish to continue to be endorsed in this area after five years, you must obtain the remaining requirements to complete the ME 24 level.
Fees: \$75 fee.

Mathematics Minor Equivalency Program of Study

The **ME 16** endorsement requires a minimum of 16 SH of content-specific coursework beyond the introductory level. Advanced coursework in algebra and geometry is defined as coursework that follows calculus. Lower level general coursework prerequisite to calculus does not apply.

| Coursework | Needed (SH) | Completed (SH) |
|---|-------------|----------------|
| Calculus | | |
| Abstract algebra | | |
| Geometry (axiomatic) | | |
| Methods of teaching mathematics (required to achieve a major equivalency) | | |

The **ME 24** endorsement requires a minimum of 24 SH of content-specific coursework beyond the introductory level and is equivalent to a full teaching minor. Advanced coursework in algebra and geometry is defined as coursework that follows calculus. Lower level general coursework prerequisite to calculus does not apply.

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| Calculus I | | |
| Calculus II | | |
| Linear algebra | | |
| Abstract algebra | | |
| Geometry (axiomatic) | | |
| Probability/statistics | | |
| Methods of teaching mathematics (required to achieve a major equivalency) | | |
| Mathematics Praxis II test (required to achieve a major equivalency) | | Test Score: |

| | |
|------------------------|------|
| Signature of Applicant | Date |
| ESPB Approval: | Date |

Submit completed form and \$75 fee to: Education Standards and Practices Board
 2718 Gateway Ave, Suite 204
 Bismarck ND 58503
 (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

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| 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; border-collapse: collapse;"> <tr> <td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | <u>Expiration Date</u> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </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><td> </td> </tr> </table> | | | | | | m | m | y | y | | <u>3 digit CVV</u> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"> </td><td style="width: 33%;"> </td><td style="width: 33%;"> </td> </tr> </table> | | | |
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| 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.