

**CERTIFICATE PROGRAM PLAN
STEM PROGRAM**

Note: Students receiving certificates are not eligible to participate in Commencement ceremonies.

Date _____ Warrior ID# _____

Name _____ Daytime Phone _____
Last First

Address _____
Street or RR City State Zip

Email Address _____

 Certificate Title: _____ STEM

Department _____ Rochester Education

Courses Required for Program:

Course Number & Title	Term	Credits
STEM 501 STEM Teaching and Practice I: Indoor		3
STEM 502 STEM Teaching & Practice II: Outdoor		3
STEM 511 Equity and Access in STEM Education		3
STEM 521 The Language of STEM		3
STEM 531 STEM in the Community		1

*One official copy of all transcripts must be on file in the Graduate Office

TOTAL PROGRAM CREDITS _____

 Student Signature Date

 Advisor Date

*Advisor will return form to School of Graduate Studies for processing and placement in student's permanent file