COLLEGE OF THE MARSHALL ISLANDS

Certificate of Completion in Teaching
Program Sheet – Effective Fall 2019

Name:_____
Last Name **First Name** **Middle**

Date of Birth MM/DD/YYY **Matriculation**_____ **Student ID #** _____

Contact #_____ **E-mail**_____

Associate Degree: _____ **Completion Date Associate Degree:** MM/DD/YYY

Accredited Institution: _____

This certificate is awarded in conjunction with or completion of the following:

☐**Option 1**: Associate degree from CMI or permission of Practicum Coordinator

Requirements	**Term**	**Grade**	**Credits Earned**
EDU 210: Introduction to Teaching (3)	_____	_____	_____
EDU 211: Classroom Teaching Methods and Strategies (3)	_____	_____	_____
EDU 241: Classroom Management (3)	_____	_____	_____
ENG 211: Children's Literature (3)	_____	_____	_____
EDU 296: Teaching Practicum (12)	_____	_____	_____
Certificate Total **24 Credits**			_____

☐ **Option 2**: Associate of Science in Elementary Education from CMI or permission of Practicum Coordinator

Requirement	**Term**	**Grade**	**Credits Earned**
EDU 296: Teaching Practicum (12)	_____	_____	_____
Certificate Total **12 Credits**			_____

☐O**ption 3**. Associate or higher-level degree from an accredited institution will be evaluated on a case-by-case basis

Approved: October 7, 2019