College of Arts, Education and Sciences 700 University Avenue – Walker 237 Monroe, LA 71209 Ph. (318) 3421266 Fax: (318) 3421299

be successfully completed to receive the degree.

## PROGRAM PLAN Master of Arts in Teaching Elementary Education (1-5) Alternative Certification

Name					
La	st First		Middle	•	CWID
Address		Phone (H	Home)	(Alternate	e)
		Email			,
	Progra	m Plan valid for	the period from		
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	ureate degree from a regionally a undergraduate coursework.	accredited unive	rsity.		
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,	understand all coursework requirements, as well as PRAXIS requirements, mu			ELED 5010	(3)

(3)

**CURR 5063** 

## RELEASE OF INFORMATION STATEMENT

information to the following school districts:
<del></del>
OR:
Any school district interested in employing me.
This release can include information from my Application, Cover Letter, Resume and Program Plan.
This release is for a period of up to three years, or up to one year from the date of my last enrollment.
This release is for professional purposes only and is confidential in nature.
 Date
Delat Name
Print Name
Signature