

State University College at Buffalo
 1300 Elmwood Avenue
 Buffalo, NY 14222

**APPLICATION FOR ADMISSION TO CANDIDACY
 MASTER OF SCIENCE IN EDUCATION
 SOCIAL STUDIES EDUCATION, SECONDARY**

(To be submitted after completion of at least six (6), but not more than twelve (12) credit hours.)

NAME _____ **STUDENT NO.** _____
ADDRESS _____ **PHONE** _____
CITY _____ **STATE** _____ **ZIP** _____

NOTE: A MINIMUM OF 15 HOURS OF GRADUATE WORK MUST BE COMPLETED IN 600-700 LEVEL COURSES.

PROFESSIONAL EDUCATION COURSES (15-18 HRS.)	Sem. Hrs.	Grade	Anticipated Completion Date
SSE 502 Teaching Social Studies (Must be taken concurrently with one History Problems course as a 6 credit block)	_____	_____	_____
SSE 655 Social Studies Laboratory (Must be taken concurrently with one History Problems courses as a 6 credit block course.)	_____	_____	_____
SSE 513 Seminar in Secondary Social Studies	_____	_____	_____
SSE 689 Research Methods and Techniques in Secondary Social Studies	_____	_____	_____
Social Studies Elective	_____	_____	_____
SSE 795 Master's Thesis (3-6 credits)	_____	_____	_____
OR Defense of Graduate Portfolio			
OR Comprehensive Examination (no course credit)			

REQUIRED HISTORY/SOCIAL SCIENCE COURSES (15 HRS.)

HISTORY/SOCIAL SCIENCE CONCENTRATION (Min. 9 Hrs.)

(All courses must be in the same discipline.)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HISTORY/SOCIAL SCIENCE ELECTIVES

_____	_____	_____	_____
_____	_____	_____	_____

MINIMUM PROGRAM REQUIREMENTS: 30 HRS.

*The following courses completed at OTHER INSTITUTIONS are presented for evaluation as part of the Master's Degree. (10 semester hours maximum for graduates of SUNY units or if work is being transferred from other units of SUNY; in all other instances, 6 semester hours is the maximum hours eligible for transfer.) Only courses with grades A or B are acceptable. *Official transcripts must be sent by the college or university to the Office of Graduate Studies.*

Name of Institution	Course	Sem. Hrs.	Grade	Anticipated Completion Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

 This program as outlined above has been reviewed. The applicant agrees to complete the program as described in order to meet the degree requirements. The candidate further agrees to abide by all regulations published in the graduate catalog.

 Date Candidate

 Date Advisor

 Date Department Chair

 DATE Dean, FNSS

NOTE: Changes in approved program must be requested on the form available from Department or Graduate Office. Changes must be approved by Advisor, Department Chair, and Faculty Dean.

White Copy – DEAN FNSS :: **Canary Copy** – GRADUATE STUDIES :: **Pink Copy** – DEPT. CHAIR :: **Gold Copy** - STUDENT

