

**College of Education  
University of Arkansas at Little Rock  
Program of Study  
Certificate in Teaching Advanced Placement**

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_(Home) \_\_\_\_\_(Work)

Email: \_\_\_\_\_

**Courses in Program of Study for Certificate**

**GATE 7361** Advanced Placement for Talented Youth (overview of the Advanced Placement program; academic talent development, achievement gap at high levels of performance, establishing and managing Vertical Teams) course available at the AP Summer Institute.

**GATE 7395** Internship (on-site internship in the home school focused on district demographics, needs analysis, equity and access issues, recruitment, staff development) course available on line, with at least one face-to-face meeting on the UALR campus.

**GATE 7393** Content Specific Pedagogy in Pre-AP/AP (Curriculum unit or scope/sequence plan for Pre-AP/AP teaching assignment) course available at AP Summer Institute.

**GATE 7390** Supervised Practicum (supervised teaching experience in an approved Pre-AP/AP classroom at the home school) use of technology for supervision required.

**Other Requirements:**

**Modifications to Program of Study:**

**Justification for Modifications:**

**Program Approval:** (To be completed when student enters program of study).

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Program Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**All requirements of prescribed program of study have been completed successfully.**

Program Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_