

Date: \_\_\_\_\_  
 Anticipated Graduation: \_\_\_\_\_

Catalog: \_\_\_\_\_

**PROGRAM OF STUDY  
 Master of Education  
 Educational Leadership**

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

SID#: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Required Program

**I. Professional Studies**                      **9 Semester Hours**  
**II. Specialty Studies**                      **33 Semester Hours**                      **TOTAL HOURS: 42**

Course Number and Title	Transfer Credit	Anticipated Enrollment	Completion Date	Semester Hours	Grade
<b>I. Professional Studies</b>					
EDUC 640 Educational Res., Design & Analysis					
EDUC 681 Advanced Educational Psychology					
EDUC 670 Schooling in American Society					

<b>II. Specialty Studies</b>					
EDLD 601 Leadership					
EDLD 602 Techniques of Supervision					
EDLD 603 Curriculum Leadership in Schools					
EDLD 611 School Law					

EDLD 604 Principalship for the 21 <sup>st</sup> Century					
EDLD 610 Fiscal and Business Management in Schools					
EDLD 613 Leadership for Students with Special Needs					
EDLD 616 School Personnel Development					

EDLD 621 Internship I					
EDLD 622 Internship II					
EDLD 623 Internship III					

<b>III. Other/Substitute Coursework</b>					

\_\_\_\_\_  
 Student    Date

\_\_\_\_\_  
 Chair, Curriculum & Instruction              Date

\_\_\_\_\_  
 Records & Registration                              Date

\_\_\_\_\_  
 Advisor    Date

\_\_\_\_\_  
 Director of GS, COE                              Date

**Copies:** (1) Records & Registration (2) Advisor (3) Student (4) Director of GS, COE