M.Ed. or C.A.E.S. / Educational Leadership / Nonlicensure

CLASS ENTERING 2017

TO BE SUBMITTED DURING THE SECOND TERM OF ENROLLMENT IN THE PROGRAM, PRIOR TO THE OPENING OF REGISTRATION FOR THE THIRD TERM OF ENROLLMENT

NAME ___________________________________________ ANTIPECIPATED COMPLETION DATE ____________________________

BC ID ___________________________________________ COMPREHENSIVE EXAMS DATE ____________________________

<table>
<thead>
<tr>
<th>Course Number and Title</th>
<th>Credits</th>
<th>Summer</th>
<th>Fall</th>
<th>Spring</th>
<th>T/W*</th>
</tr>
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<tbody>
<tr>
<td>ELHE 7701 Introduction to Educational Leadership and Change</td>
<td>3</td>
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<tr>
<td>ELHE 7711 Using Data and Evidence for School Improvement</td>
<td>3</td>
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<tr>
<td>ELHE 7103 Educational Law and Public Policy</td>
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<td>ELHE 7726 Organizational Theory and Learning</td>
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<tr>
<td>ELHE 7727 Family and Community Engagement</td>
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<tr>
<td>ELHE 7708 Instructional Leadership</td>
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One of the following electives:

- ELHE 7505 Transforming the Field of Catholic Education
- EDUC 6589 Teaching and Learning Strategies
- ELHE 7704 Ethics and Equity in Education
- ELHE 7707 Leadership for Social Justice
- ELHE 7609 Law and Education Reform

Electives (3) – Outside the Department 9

Total Credits 30

*Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must also fill out a "transfer request form" available online. If requesting a waiver, you must attach an official transcript to this form.

Note: To be licensed, a student must possess Advanced Provisional Licensure as a teacher in Massachusetts or in a state with which Massachusetts has a reciprocal agreement, and have taught for at least three years.

**Students will be considered full-time during the semester they are registered for EDUC/APSY/ERME/ELHE81000, Master’s Comprehensive Exam.

ARE YOU CURRENTLY ENROLLED IN A BOSTON COLLEGE CERTIFICATE OR SPECIALIZATION PROGRAM? YES NO

IF YES, PLEASE LIST THE PROGRAM: ___________________________________________

STUDENT SIGNATURE ___________________________________________ DATE ____________________________

APPROVAL ADVISOR YES NO

ASSOCIATE DEAN OF GRADUATE STUDIES YES NO

NAME ___________________________________________ SIGNATURE ___________________________________________

NAME ___________________________________________ SIGNATURE ___________________________________________