Lynch School — PROGRAM OF STUDY / 2005

M.Ed. or C.A.E.S. / Educational Administration / Initial License

CLASS ENTERING 2005 — TO BE SUBMITTED BY END OF FIRST SEMESTER IN PROGRAM

NAME _____ PROGRAM COMPLETION DATE _____ (SEMESTER/YEAR)

BC ID _____ COMPREHENSIVE EXAMS DATE _____ (MONTH/YEAR)

COURSE NUMBER AND TITLE	CREDITS	SUMMER	FALL	SPRING	T/W*
ED 450 Foundations of Educational Administration	3				
ED 451 Human Resources Management	3				
ED 618 Finance and Facilities Management	3				
ED 705 Education Law and Public Policy	3				
ED 720 Curriculum Leadership	3				
ED 953 Instructional Supervision	3				
One of the following electives ❒ ED 460 Interpretation and Evaluation of Research ❒ ED 462 Assessment and Test Construction ❒ ED 466 Models of Curriculum and Program Evaluation ❒ ED 467 Practical Aspects of Curriculum and Program Evaluation ❒ ED 468 Introductory Statistics	3				
Area of Licensure ❒ Assistant Principalship/Principalship—ED 617 The Principalship ❒ Assistant Superintendency/Superintendency—ED 656 Administration of Local School Systems ❒ Special Education Licensure/Independent Study—ED 921 Readings and Research in Educatonal Administration and Higher Education Administration ❒ Supervisor's Licensure/Independent Study—ED 921 Readings and Research in Educatonal Administration and Higher Education Administration	3				
One of the following practica (two semesters) ❒ ED 620 Practicum in Supervision ❒ ED 622 Practicum in Assistant Principalship/Principalship ❒ ED 623 Practicum in Assistant Superintendency/Superintendency ❒ ED 652 Practicum in Special Education Administration	6				
ED 626 Seminar in Educational Administration	3				
ED 888 Master's Comprehensive Examinations	0				
Total credits	33				

* 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.

STUDENT SIGNATURE _____ DATE _____

APPROVAL

ADVISOR YES NO _____ (NAME) _____ (SIGNATURE)

DEPT CHAIR YES NO _____ (NAME) _____ (SIGNATURE)