# M.A.T. / Secondary Education

## CLASS ENTERING 2015

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 ____________________________  ANTIQUEPITIONED COMPLETION DATE ____________________  SEMESTER/YEAR ____________

### BC ID ____________________________  COMPREHENSIVE EXAM DATE ____________________  MONTH/YEAR ____________

---

**TELL*  
*TELL: Participants must work with ELL students during the course of their studies. Consult with your advisor.

**Students will be considered full-time during the semester they are registered for EDUC/APSY/ERME/ELHE810001, Master’s Comprehensive Exam. Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must fill out a “transfer request form” available online. If requesting a waiver, you must attach an official transcript to this form.

### Course Number and Title  | Credits | Summer | Fall | Spring | T/W
---|---|---|---|---|---
APSY 7419 Applied Adolescent Development  | 3  |  |  |  |  
EDUC 7435 Social Contexts of Education  | 3  |  |  |  |  
EDUC 7438 Instruction of Students with Special Needs and Diverse Learners  | 3  |  |  |  |  
EDUC 7447 Literacy and Assessment in Secondary Education  | 3  |  |  |  |  
*One of the following (fall only):*  
EDUC 6301 Secondary and Middle School History Methods  | 3  |  |  |  |  
EDUC 6302 Secondary and Middle School English Methods  | 3  |  |  |  |  
EDUC 6303 Secondary and Middle School Foreign Language Methods  | 3  |  |  |  |  
EDUC 6347 Teaching Bilingual Learners  | 3  |  |  |  |  
EDUC 6589 Teaching and Learning Strategies  | 3  |  |  |  |  
or  
EDUC 7621 Bilingualism, Second Language and Literacy Development (If TELL, please consult advisor.)  | 3  |  |  |  |  
EDUC 7431 Graduate Inquiry Seminar I  | 1  |  |  |  |  
EDUC 7429 Graduate Pre-Practicum  | 1  |  |  |  |  
EDUC 7432 Graduate Inquiry Seminar II  | 2  |  |  |  |  
EDUC 7420 Initial License Practicum  | 6  |  |  |  |  
Electives (minimum of 5) from Graduate School of Arts & Sciences  | 15  |  |  |  |  
1.  |  |  |  |  |  
2.  |  |  |  |  |  
3.  |  |  |  |  |  
4.  |  |  |  |  |  
5.  |  |  |  |  |  
EDUC 8100 Master’s Comprehensive Examination  | 0  |  |  |  |  
**Total Credits**  | 46  |  |  |  |  

---

* 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**

**NAME ____________________________________________  SIGNATURE ______________

**ASSOCIATE DEAN OF GRADUATE STUDIES  
**YES**  
**NO**

**NAME ____________________________________________  SIGNATURE ______________