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

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 ___________________________ ANTICIPATED COMPLETION DATE ____________ SEMESTER/YEAR

BC ID ___________________________ COMPREHENSIVE EXAMS DATE ____________ MONTH/YEAR

<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>
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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>
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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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<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 Topics in Catholic Education
EDUC 6587 Teaching and Learning Strategies
ELHE 7704 Ethics and Equity in Education
ELHE 7707 Leadership for Social Justice
ELHE 7609 Law and Education Reform
ELHE 8806 Lynch Leadership Academy

**Practicum (two semesters + summer – 500 hours)**
ELHE 7952 Practicum in School Principalship
*Taken with Lynch Leadership Academy Cohort*

ELHE 7712 Sheltered English Immersion for School Leaders | 2 | | | | |
ELHE 8100 Master's Comprehensive Examination | 0 | | | | |

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/PSY/ERME/ELHE810001, Master's Comprehensive Exam.**

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

IF YES, PLEASE LIST THE PROGRAM: ____________________________________________________________

MTEL TEST DATE PASSED ___________________________

STUDENT SIGNATURE ___________________________ DATE ___________________________

APPROVAL ADVISOR YES NO

NAME ___________________________ SIGNATURE ___________________________

ASSOCIATE DEAN OF GRADUATE STUDIES YES NO

NAME ___________________________ SIGNATURE ___________________________