

M.Ed. or C.A.E.S. / Educational Administration and Catholic School Leadership/ Non-License

CLASS ENTERING 2009

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

COURSE NUMBER AND TITLE	CREDITS	SUMMER	FALL	SPRING	T/W*
REQUIRED COURSES IN EDUCATIONAL ADMINISTRATION (18 CREDITS)					
<input type="checkbox"/> ED 450 Foundations of Educational Administration	3				
<input type="checkbox"/> ED 451 Human Resources Administration	3				
<input type="checkbox"/> ED 619 Ethics and Equity in Education	3				
<input type="checkbox"/> ED 720 Curriculum Leadership	3				
<input type="checkbox"/> ED 953 Instructional Supervision	3				
<input type="checkbox"/> ED 606 Integrative Seminar in Catholic Educational Leadership	3				
One of the following required (3 CREDITS): Assistant Principalship/Principalship	3				
<input type="checkbox"/> ED 617 Local School Leadership					
Assistant Superintendency/Superintendency—					
<input type="checkbox"/> ED 656 Administration of Local School Systems					
REQUIRED COURSES IN IREPM (10 CREDITS)					
Foundations of Religious Education					
<input type="checkbox"/> ED 730 Holistic Formation/Personal Spiritual Development	1				
<input type="checkbox"/> ED 816 Sharing Faith in Religious Education and Pastoral Ministry	3				
One of the following:					
<input type="checkbox"/> TM 605 Toward Effective Christian Ministry in the 21 st Century	3				
<input type="checkbox"/> Elective in Spirituality _____					
One of the following:					
<input type="checkbox"/> TM 593 Fostering Faith Across the Life Cycle	3				
<input type="checkbox"/> TM 835 Psychology of Religious Development					
ELECTIVES (9 CREDITS) (to be determined with advisor)					
<input type="checkbox"/> _____					
<input type="checkbox"/> _____	9				
<input type="checkbox"/> _____					
<input type="checkbox"/> ED 888 Synthesis Project/Masters Comprehensive Exam	0				
Total credits	40				

* 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.

STUDENT SIGNATURE _____

DATE _____

APPROVAL
 ADVISOR OR
 DIRECTOR
 OF STUDENT
 SERVICES YES NO _____
NAME

SIGNATURE

ASSOCIATE
 DEAN OF
 GRADUATE
 STUDIES YES NO _____
NAME

SIGNATURE