

M.Ed. or C.A.E.S. / Educational Administration / Initial 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*
<input type="checkbox"/> ED 450 Foundations of Educational Administration	3				
<input type="checkbox"/> ED 451 Human Resources Management	3				
<input type="checkbox"/> ED 618 Finance and Facilities Management	3				
<input type="checkbox"/> ED 705 Education Law and Public Policy	3				
<input type="checkbox"/> ED 720 Curriculum Leadership	3				
<input type="checkbox"/> ED 953 Instructional Supervision	3				
One of the following electives	3				
<input type="checkbox"/> ED 460 Interpretation and Evaluation of Research					
<input type="checkbox"/> ED 462 Assessment and Test Construction					
<input type="checkbox"/> ED 466 Models of Curriculum and Program Evaluation					
<input type="checkbox"/> ED 468 Introductory Statistics					
Area of Licensure	3				
<input type="checkbox"/> Assistant Principalship/Principalship—ED 617 The Principalship					
<input type="checkbox"/> Assistant Superintendency/Superintendency—ED 656 Administration of Local School Systems					
<input type="checkbox"/> Special Education Licensure/Independent Study—ED 921 Readings and Research in Educational Administration and Higher Education Administration					
<input type="checkbox"/> Supervisor's Licensure/Independent Study—ED 921 Readings and Research in Educational Administration and Higher Education Administration					
One of the following practica (two semesters)	6				
<input type="checkbox"/> ED 620 Practicum in Supervision					
<input type="checkbox"/> ED 622 Practicum in Assistant Principalship/Principalship					
<input type="checkbox"/> ED 623 Practicum in Assistant Superintendency/Superintendency					
<input type="checkbox"/> ED 652 Practicum in Special Education Administration					
<input type="checkbox"/> ED 626 Seminar in Educational Administration	3				
<input type="checkbox"/> ED 888 Masters Comprehensive Exam	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 OR
DIRECTOR OF
STUDENT
SERVICES
ASSOCIATE
DEAN OF
GRADUATE
STUDIES

YES

NO

NAME

SIGNATURE

YES

NO

NAME

SIGNATURE