

M.Ed. or C.A.E.S. / Educational Administration / 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*
<input type="checkbox"/> ED 450 Foundations of Educational Administration	3				
<input type="checkbox"/> ED 45I Human Resources Management	3				
<input type="checkbox"/> ED 618 Finance and Facilities Management	3				
<input type="checkbox"/> ED 619 Ethics and Equity in Education	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				
<b>One of the following</b>					
<input type="checkbox"/> ED 460 Interpretation and Evaluation of Research	3				
<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					
<b>Electives (to be determined with advisor)</b>					
_____	6				
_____					
ED 888 Masters Comprehensive Exam	0				
<b>Total credits</b>	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.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**APPROVAL**

ADVISOR OR  
DIRECTOR OF  
STUDENT  
SERVICES

YES

NO

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

ASSOCIATE  
DEAN OF  
GRADUATE  
STUDIES

YES

NO

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE