

M.Ed./Educational Leadership/Initial License/Pathway to Ph.D., Curriculum and Instruction

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 ¹
CORE					
EDUC 9755 Theories of Leadership	3				
EDUC 9819 Educational Change	3				
ELHE 7103 Educational Law and Public Policy	3				
ELHE 7708 Instructional Leadership	3				
ELHE 7727 Family and Community Engagement	3				
ERME 7460 Interpretation and Evaluation of Research	3				
ELECTIVES (Choose 1 from the following electives)					
EDUC 6589 Teaching and Learning Strategies	3				
EDUC 6590 Universal Design for Learning					
EDUC 9709 Research on Teaching					
EDUC 9729 Contemporary Issue in Curriculum & Instruction					
ELHE 7505 Transforming the Field of Catholic Education					
ELHE 7705 Educational Policy Analysis					
ELHE 7704 Ethics and Equity in Education					
ELHE 7707 Leadership for Social Justice					
ELHE 7702 Education Policy and Practice					
PRACTICUM (2 semesters + summer - 500 hours)					
ELHE 7952 Practicum in School Principalship	6				
Sheltered English Immersion					
ELHE 7712 School Leadership for Emergent Bilinguals	3				
ELHE 8100 Master's Comprehensive Examination ²	0				
Total Credits	30				

1. 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.

2. 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?

IF YES, PLEASE LIST THE PROGRAM:

MTEL TEST DATE PASSED

Student Signature Date

APPROVAL
ADVISOR
Name

Signature

ASSOCIATE
DEAN OF
GRADUATE
STUDIES
Name

Signature