Lynch School of Education and Human Development Program of Study AY 2021-2022

M.A. / Applied Developmental and Education Psychology

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 _____
SEMESTER/YEAR

Course Number and Title	Credits	Summer	Fall	Spring	T/W
APSY7418 Applied Child Development	3				
APSY7419 Applied Adolescent Development	3				
Take one of the following: APSY7460 Interpretation and Evaluation of Research APSY7468 Introductory Statistics APSY7469 Intermediate Statistics APSY8851 Design of Qualitative Research	3				
LREN7301 Principles Fostering Learning (Fall)	2				
LREN7303 Motivation in Educational Context (Spring)	1				
Electives (5)	15				
APSY7470 Advanced Practicum: Applied Psychology (Fall/Spring) *Students should take this course in Fall & Spring of the same academic year. Students unable to do so should speak to the program director.*	3				
APSY8100 Master's Comprehensive Exam *Each spring, students will present on their internship's program of focus to the faculty for evaluation. The internship is conducted as partial fulfillment of APSY 7470. The presentation will take place in a poster format accompanied by an annotated bibliography.*	0				
Total Credits	30				

1. Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must fill out a "transfer request form" available online. If requesting a waiver, you must attach an official transcript to this form.
2. Students will be considered full-time during the semester they are registered for EDUC/APSY/MESA/ELHE810001, Master's Comprehensive Exam.
3. Students may take this option if they previously completed an introductory statistics or research methods course in psychology or education.

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

IF YES, PLEASE LIST THE PROGRAM: _____

STUDENT SIGNATURE _____ DATE _____

APPROVAL
ADVISOR

_____ _____
NAME SIGNATURE

ASSOCIATE
DEAN OF
GRADUATE
STUDIES

_____ _____
NAME SIGNATURE