

**M.Ed. or C.A.E.S./Educational Leadership/Initial License**

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 <sup>1</sup>
<b>CORE</b>					
ELHE 7701 Introduction to Educational Leadership and Change	3				
ELHE 7711 Using Data and Evidence for School Improvement	3				
ELHE 7103 Educational Law and Public Policy	3				
ELHE 7726 Organizational Theory and Learning	3				
ELHE 7727 Family and Community Engagement	3				
ELHE 7708 Instructional Leadership	3				
<b>ELECTIVES (Choose 1 from the following electives)</b>					
ELHE 7505 Transforming the Field of Catholic Education	3				
ELHE 7704 Ethics and Equity in Education					
ELHE 7707 Leadership for Social Justice					
ELHE 7702 Educational Policy in Practice					
ELHE 7705 Education Policy Analysis					
EDUC 6589 Teaching and Learning Strategies					
ELHE 8806 Lynch Leadership Academy					
<b>PRACTICUM (2 semesters + summer - 500 hours)</b>					
ELHE 7952 Practicum in School Principalship <i>Taken with Lynch leadership Academy Cohort</i>	6				
ELHE 7712 School Leadership for Emergent Bilinguals	3				
ELHE 8100 Master's Comprehensive Examination <sup>2</sup>	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