

**M.A. / M.B.A. / Higher Education / Business Administration**

CLASS ENTERING 2017

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*
<b>LEVEL I—CORE</b>					
ELHE 7101 Higher Education in American Society	3				
<b>LEVEL II—FOUNDATION COURSES</b>					
<i>Choose one (1) from among the following:</i> ELHE 7201 Philosophy of Education ELHE 7202 Global & Comparative Systems in Higher Education ELHE 7404 College Student Development	3				
<b>Level III—DIVERSITY REQUIREMENT (Choose 1)</b>					
ELHE 7603 Internationalization of Higher Education	3				
ELHE 7606 Diversity in Higher Education					
<b>LEVEL IV—RESEARCH</b>					
OPER 7705 Statistics	3				
<b>LEVEL V—HIGHER EDUCATION ADMINISTRATION CONCENTRATION</b>					
<i>Choose three (3) from among the following:</i> ELHE 7103 Education Law and Policy ELHE 7302 Organizational Decision Making in Higher Education ELHE 7303 Financial Management in Higher Education ELHE 7401 Student Affairs Administration	9				
<b>LEVEL VI—FIELD EXPERIENCE AND MASTERS COMPREHENSIVE EXAM</b>					
ELHE 7901 Field Experience in Higher Education	2				
ELHE 7902 Advanced Field Experience in Higher Education	1				
ELHE 8100 Master's Comprehensive Exam	0				
<b>LEVEL VII—ELECTIVES</b>					
<i>One (1) from the Carroll School of Management. Consult your advisor:</i> 1.	3				
<b>Total Credits</b>	<b>30</b>				

\*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

\*\*Students will be considered full-time during the semester they are registered for EDUC/APSYP/ERME/ELHE810001, Master's Comprehensive Exam.

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

APPROVAL  
ADVISOR YES NO \_\_\_\_\_  
NAME SIGNATURE

ASSOCIATE  
DEAN OF YES NO \_\_\_\_\_  
GRADUATE NAME SIGNATURE  
STUDIES

ARE YOU CURRENTLY ENROLLED IN A BOSTON COLLEGE CERTIFICATE OR SPECIALIZATION PROGRAM? YES NO  
IF YES, PLEASE LIST THE PROGRAM: \_\_\_\_\_