

M.S. / Applied Statistics and Psychometrics

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
MESA6462 Assessment and Test Construction	3				
MESA6469 Intermediate Statistics	3				
MESA7601 Introduction to Mathematical Statistics	3				
MESA8667 General Linear Models	3				
MESA8668 Multivariate Statistical Analysis	3				
MESA8669 Psychometric Theory: Classical Test Theory and Rasch Models	3				
MESA8670 Psychometric Theory II: Item Response Theory	3				
MESA8861 Multilevel Regression Modeling	3				
Electives (Two):	3				
	3				
MESA8100 Master's Comprehensive Examination	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. All elective courses must be approved by an advisor prior to registration

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 NAME
GRADUATE _____
STUDIES NAME

SIGNATURE

Internship/Practicum:

Students will be required to take part in a paid or un-paid internship, research projects, or practicum which is directly related to the degree. Students will not receive credit, however the training is required for the student's program in order to graduate. For students with a MESA-related full- or part-time job, or with previous intern or practicum experience, this requirement will be waived based on the Program Director's approval.

I have attached a brief description of the work

Department Chair or Program Director approval _____
NAME DATE