

**M.Ed. / Elementary Education, 1 - 6 / Donovan Scholars**

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 \_\_\_\_\_

BC ID \_\_\_\_\_

ANTICIPATED COMPLETION DATE \_\_\_\_\_

SEMESTER/YEAR

Course Number and Title	Credits	Summer	Fall	Spring	T/W <sup>1</sup>
APSY7418 Applied Child Development	3				
EDUC7438.08 Educating Learners with Disabilities	3				X
EDUC7520 Mathematics and Technology: Teaching, Learning, and Curriculum in the Elementary School	3				
EDUC7529 Social Studies and the Arts: Teaching, Learning, and Curriculum in the Elementary School	3				
EDUC7542.08 Teaching Reading	3				X
EDUC7435.08 Social Contexts of Education	3				X
EDUC7546 Teaching about the Natural World	3				
<b>SEI Endorsement<sup>2</sup></b> <i>Required for an initial license in the state of Massachusetts</i>					
EDUC6346 Teaching Bilingual Students in Elementary Education	3				X
EDUC7543 Teaching Language Arts	3				X
EDUC7431.08 Graduate Inquiry Seminar I	1				X
EDUC7429.02 Graduate Pre-Practicum	1				X
EDUC7432.08 Graduate Inquiry Seminar II	2				X
EDUC7420.02 Graduate Full Practicum/Initial License	6				X
EDUC8100.02 Master's Comprehensive Examination <sup>3</sup> : Fulfilled through Inquiry Seminar II	0				X
<b>Credits</b>	<b>37</b>				

<sup>1</sup> Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer or waiver you must complete the appropriate paperwork under the guidance of your faculty advisor.

<sup>2</sup> These courses must be completed for SEI Endorsement. Please contact the Field Placement Office (prac@bc.edu) for questions regarding SEI Endorsement.

<sup>3</sup> Students will be considered full-time during the semester they are registered for EDUC8100, Master's Comprehensive Exam.

ARE YOU CURRENTLY ENROLLED IN A BOSTON COLLEGE CERTIFICATE OR SPECIALIZATION PROGRAM??

YES

NO

IF YES, PLEASE LIST THE PROGRAM: \_\_\_\_\_

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

DATE \_\_\_\_\_

FACULTY ADVISOR \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ASSOCIATE DEAN, GRADUATE STUDENT SERVICES \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

COMMENTS: