

M.Ed. / Secondary Education

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 _____

Course Number and Title	Credits	Summer	Fall	Spring	T/W ¹
<i>One of the following (Fall Only):</i>					
EDUC6300 Secondary and Middle School Science Methods	3				
EDUC6301 Secondary and Middle School History Methods					
EDUC6302 Secondary and Middle School English Methods					
EDUC6303 Secondary and Middle School Foreign Language Methods					
EDUC6304 Secondary and Middle School Mathematics Methods					
APSY7419 Applied Adolescent Development	3				
EDUC7435 Social Contexts of Education	3				
EDUC7438 Educating Learners with Disabilities	3				
EDUC6589 Teaching and Learning Strategies <i>or</i> EDUC7621 Bilingualism, Second Language and Literacy Development	3				
Electives (minimum of 2) from Graduate School of Arts & Sciences:					
1.	6				
2.					
SEI Endorsement² <i>Required for an initial license in the state of Massachusetts</i>					
EDUC6347 Teaching Bilingual Students in Secondary Education	3				X
EDUC7447 Literacy and Assessment in Secondary School	3				X
EDUC7431 Graduate Inquiry Seminar I	1				X
EDUC7429.03 Graduate Pre-Practicum	1				X
EDUC7432 Graduate Inquiry Seminar II	2				X
EDUC7420.03 Graduate Full Practicum/Initial License	6				X
EDUC8100.02 Master's Comprehensive Examination ³ : Fulfilled by Inquiry Seminar II	0				X
Total Credits	37				

¹Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must fill out a Transfer of Credit Request form available online. If requesting a waiver, you must complete a Course Waiver form under the guidance of your faculty advisor.

²If you believe you are eligible to waive the SEI Endorsement requirement, please contact the Field Placement Office to complete the SEI Verification Form.

³Students 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: