

**M.S.T. / 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

SEMESTER/YEAR

Course Number and Title	Credits	Summer	Fall	Spring	T/W <sup>1</sup>
<i>One of the following (fall only):</i>					
EDUC6300 Secondary and Middle School <b>Science</b> Methods	3				
EDUC6304 Secondary and Middle School <b>Mathematics</b> Methods					
APSY7419 Applied Adolescent Development	3				
EDUC7435 Social Contexts of Education	3				
EDUC7438 Educating Learners with Disabilities	3				
EDUC6589 Teaching and Learning Strategies for Inclusive Secondary Educators <i>or</i> EDUC7621 Bilingualism, Second Language and Literacy Development	3				
<b>Electives (minimum of 5) from Graduate School of Arts &amp; Sciences:</b>					
1.	3				
2.	3				
3.	3				
4.	3				
5.	3				
<b>SEI Endorsement<sup>2</sup></b> <i>Required for an initial license in the state of Massachusetts</i>					
EDUC6347 Teaching Bilingual Students in Secondary Education	3				
EDUC7447 Literacy and Assessment in Secondary School	3				
EDUC7431 Graduate Inquiry Seminar I	1				
EDUC7429.03 Graduate Pre-Practicum	1				
EDUC7432 Graduate Inquiry Seminar II	2				
EDUC7420.03 Graduate Full Practicum / Initial License	6				
EDUC8100.02 Master's Comprehensive Examination <sup>3</sup> : Fulfilled in Inquiry Seminar II	0				
<b>Total Credits</b>	46				

<sup>1</sup>Insert 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.

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

<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: