

### M.Ed. / Elementary Education, 1 - 6

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 \_\_\_\_\_

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

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. See this link for Current Student Forms such as Course Waivers, Course Subs, Pre-Prac Waivers, etc.: <https://www.bc.edu/content/bc-web/schools/lynch-school/sites/current-students.html#graduate>

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  
GRADUATE  
STUDIES

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COMMENTS: