

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

SEMESTER/YEAR

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

Course Number and Title	Credits	Summer	Fall	Spring	T/W
<i>One of the following (fall only):</i> EDUC6300 Secondary and Middle School <b>Science</b> Methods EDUC6304 Secondary and Middle School <b>Mathematics</b> Methods	3				
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				
Electives (minimum of 5) from Graduate School of Arts & Sciences 1. 2. 3. 4. 5.	15				
<b>SEI Endorsement</b> <i>SEI Endorsement is 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				See Footnote 3
EDUC7432 Graduate Inquiry Seminar II	2				X
EDUC7420.03 Graduate Full Practicum / Initial License	6				X
EDUC8100.02 Master's Comprehensive Examination: Fulfilled through Inquiry Seminar II	0				X
<b>Total Credits</b>	<b>46</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: