

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 _____ 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 Science Methods 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	3				
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. 2.	6				
SEI Endorsement <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 Graduate Pre-Practicum	1				See Footnote 3
EDUC7432 Graduate Inquiry Seminar II	2				X
EDUC7420 Graduate Full Practicum/Initial License	6				X
EDUC8100 Master’s Comprehensive Examination: Fulfilled through Inquiry Seminar II	0				
Total Credits	37				

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 _____