

M.S.T. / Secondary Education

CLASS ENTERING 2017

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 _____ COMPREHENSIVE EXAM DATE _____

MONTH/YEAR

____ TELL (TEACHING ENGLISH LANGUAGE LEARNERS) *

Course Number and Title	Credits	Summer	Fall	Spring	T/W**
APSY 7419 Applied Adolescent Development	3				
EDUC 7435 Social Contexts of Education	3				
EDUC 7438 Instruction for the Special Needs of Diverse Learners	3				
EDUC 7447 Literacy and Assessment in Secondary Schools	3				
<i>One of the following (fall only):</i>					
EDUC 6300 Secondary and Middle School Science Methods	3				
EDUC 6304 Secondary and Middle School Mathematics Methods					
EDUC 6347 Teaching Bilingual Students in Secondary Education	3				
EDUC 6589 Teaching and Learning Strategies for Inclusive Secondary Educators					
or	3				
EDUC 7621 Bilingualism, Second Language and Literacy Development (If TELL, please consult advisor.)					
EDUC 7431 Graduate Inquiry Seminar I	1				
EDUC 7429 Graduate Pre-Practicum	1				
EDUC 7432 Graduate Inquiry Seminar II	2				
EDUC 7420 Graduate Full Practicum/Initial License	6				
Electives (minimum of 5) from Graduate School of Arts & Sciences					
1.					
2.					
3.					
4.					
5.					
	15				
EDUC 8100 Master's Comprehensive Examination	0				
Total Credits	46				

*TELL: Participants must work with ELL students during the course of their studies. Consult with your advisor.

**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.

***Students will be considered full-time during the semester they are registered for EDUC/APSY/ERME/ELHE810001, 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 _____

APPROVAL

ADVISOR YES NO

NAME _____

SIGNATURE _____

ASSOCIATE

DEAN OF YES NO

NAME _____

SIGNATURE _____

GRADUATE

STUDIES