

Semester Admitted: _____

MEd

Advisor: _____

EDUCATIONAL LEADERSHIP
Individually Scheduled PROGRAM OF STUDY

I. GENERAL INFORMATION

Student Name _____

Student I.D. # _____

Home Address _____

Home Telephone _____

Employer/Current Position _____

Business Telephone _____

Email Address _____

II. COURSES (Indicate courses transferred from other institutions with an asterisk.)

Note: In each category of courses below, 9 credits are required

<u>Course Number & Title</u>	<u>Credits</u>	<u>Grade</u>	<u>Date Completed</u>	<u>Institution</u>
Organizational & Educational Theory:				
1. EAD 550 Theories of Edu. Organizations	3	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
Leadership Practice:				
1. EAD 500 Fundamentals of Ed. Leadership	3	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

COURSES continued (Indicate courses transferred from other institutions with an asterisk.)

Note: In the category below, 6 credits are required

<u>Course Number & Title</u>	<u>Credits</u>	<u>Grade</u>	<u>Date Completed</u>	<u>Institution</u>
Educational Evaluation & Research:				
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

	Total Credits			

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Graduate Coordinator _____ Date _____