

Date: _____

Catalog: _____

Anticipated Graduation: _____

**PROGRAM OF STUDY
Master of Education
Educational Leadership**

Full Name: _____

SID#: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Required Program

I. Professional Courses	3 Semester Hours
II. Specialty Courses	24 Semester Hours
III. Internship	9
TOTAL HOURS: 36	

Course Number and Title	Transfer Credit	Anticipated Enrollment	Completion Date	Semester Hours	Grade
I. Professional Core Courses					
EDUC 640 Educational Research Design & Analysis					

II. Specialty Studies Courses					
EDLD 601 Introduction to Educational Leadership					
EDLD 602 Techniques of Supervision					
EDLD 603 Curriculum Leadership in Schools					
EDLD 604 Principalship for the 21 st Century					
EDLD 610 Fiscal and Business Management in Schools					
EDLD 611 School Law					
EDLD 616 School Personnel Development					
EDLD 613 Leadership for Students with Special Needs					

III. Internship					
EDLD 621 Internship I					
EDLD 622 Internship II					
EDLD 623 Internship III					

III. Other/Substitute Coursework					

Student Date

Advisor Date

Director of GS, COE Date

Records & Registration Date

Copies: (1) Records & Registration (2) Advisor (3) Student (4) Director of GS, COE