

**DEPARTMENT OF EDUCATIONAL LEADERSHIP  
PROGRAM OF STUDY**

**MASTER'S IN EDUCATION, ADMINISTRATION AND SUPERVISION CONCENTRATION**

Name: _____	VID#: _____	
Address: _____	Telephone: (    ) _____	
_____ Zip: _____)	E-mail: _____	
Admission: _____	SEMESTER: _____	<b>BE SURE YOU HAVE ACCEPTED ADMISSION BY RESPONDING TO GRAD SCHOOL EMAIL!</b>

Required Courses: 33 Credit Hours

Year	Fall			Spring			Summer		
	Course Title	Credits	Grade	Course Title	Credits	Grade	Course Title	Credits	Grade
<b>Year 1</b>	ADMS 670: Administrative Internship I	<b>1</b>		ADMS 622: Understanding Diversity and Lead for SJ	<b>3</b>		ADMS 625: Leadership for Individualized Learning	<b>3</b>	
	ADMS 633: Multiple Dimensions of Leadership	<b>3</b>		ADMS 630: Understanding and Engaging School Comm.	<b>3</b>		ADMS 671: Admin Int II	<b>1</b>	
	ADMS 611: School Law	<b>3</b>					EDUS 660: Research Methods	<b>3</b>	

	Course Title	Credits	Grade	Course Title	Credits	Grade	Course Title	Credits	Grade
<b>Year 2</b>	ADMS 624: Principals as Human Resource Agents	<b>3</b>		ADMS 618: Leadership for Ed Change & Improvement	<b>3</b>				
	ADMS 629: The Business of Schools	<b>3</b>		ADMS 627: Enhancing and Supporting Instruction	<b>3</b>				
				ADMS 675: Admin Int III	<b>1</b>				
				<b>SLLA/GRADUATE</b>					

Add'l Year if needed	Fall		Spring		Summer	
	Course Title	Credits	Course Title	Credits	Course Title	Credits
<b>Year 3</b>						

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Child Abuse and Neglect Recognition and Intervention Training \_\_\_\_\_  
Emergency First Aid, CPR & AED Certification or Training \_\_\_\_\_  
Behavior Intervention and Support Training \_\_\_\_\_  
Dyslexia Awareness Training \_\_\_\_\_  
School Leaders Licensure Assessment (SLLA) \_\_\_\_\_

Graduation Application Filed \_\_\_\_\_  
Internship Applications Filed \_\_\_\_\_

Special Action Forms (date and reason):

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Department Head's Signature \_\_\_\_\_

Date \_\_\_\_\_