

COURSES TAKEN FOR MASTER OF EDUCATION DEGREE

Name: _____ UID: _____

Street Address: _____

City, ST, Zip Code: _____

Email: _____ Phone: _____

Complete the following information and submit this form with your **Application for Comprehensive Exam**

| Course Number | Required Course Titles | Semester/Year Completed | Instructor |
|---------------|--|-------------------------|------------|
| EDAD 5300 | Foundations in Educational Administration | | |
| EDAD 5301 | Research in Educational Leadership | | |
| EDAD 5307 | Programs and Procedures in Supervision | | |
| EDAD 5309 | Legal Issues | | |
| EDAD 5316 | Instructional Leadership | | |
| EDAD 5339 | Processes In Educational Leadership | | |
| EDAD 5342 | Leadership of Campus Resources | | |
| EDAD 5345 | Leadership for Curriculum Systems | | |
| EDAD 5355 | Leadership of Diverse Learning Communities | | |
| EDAD 5360 | Educational Leadership Applications | | |
| EDAD 5399 | Internship for the Principal | | |
| | | | |
| | | | |
| | | | |

Total Hours 33

Please Note: All substitutions/transfer work must be documented on a Graduate Course Substitution Form