

## 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