



Graduate Program for Doctorate Degree with Postsecondary Specialization

Graduate Advisor (will be assigned)

MSU ID#: M _____

Name: _____ Date: _____

Mailing Address: _____ Last _____ First _____ Middle/Maiden _____ Work Phone: _____

Home Phone: _____

E-mail Address: _____ City _____ State _____ Zip _____ Cell Phone: _____

Baccalaureate Degree: _____ Major: _____ Minor: _____

Granting Institution: _____ Date Granted: _____

 Graduate curriculum you propose to follow: Ed.D. P-20 & Community Leadership with Postsecondary Specialization

Courses to be completed in earning the master's degree:

Course Prefix & No.	Course Title	Semester Hours	Grade
Core Courses			
ADM 800	Seminar in Individual Leadership Development	3	
ADM 810	Leadership & Ethics in a Diverse Society	3	
ADM 820	Foundations of P-20 Education	3	
ADM 830	Development of P-20 Learners	3	
COM 887	Seminar in Organizational Leadership	3	
MGT 801	Educational Entrepreneurism	3	
Research Courses			
ADM 725	Advanced Methods of Quantitative Research in education	3	
ADM 730	Advanced Educational Research	3	
ADM 735	Institutional Research, Assessment & Accreditation	3	
Clinical Courses			
ADM 900	Clinical Practice I: P-20 Leadership	3	
ADM 910	Clinical Practice II: P-20 Learner	3	
Dissertation Process			
ADM 920	Dissertation Seminar I	3	
ADM 930	Dissertation Seminar II	3	
ADM 940	Dissertation Seminar III	3	
Postsecondary Specialization			
PSE 750	Academic Program Management	3	
PSE 755	Postsecondary Instructional Support Systems	3	
PSE 760	Organization and Operations in Postsecondary Education	3	
Electives (9 Hours)			
		3	
		3	
		3	

If transfer credit is included in this program (limit of 12 hours), list the class(es) as it appears on the other school's transcript and the initials of the school at the end of the

name of the class. In () at end of line list the MSU course replaced (if any).

Applicant's Signature _____

TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

Do not write below this line _____

A P P R O V E D	<input type="checkbox"/>	D I S A P P R O V E D	<input type="checkbox"/>	Departmental Graduate Advisor _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	Department Chair _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Graduate Coordinator _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Dean _____	Date _____

For Graduate Admissions	Processed by _____	Date _____
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