Murray
MURRAY STATE UNIVERSITY

Graduate Program for Doctorate Degree
with STEM Specialization

Graduate Advisor (will be assigned)

MSU ID#: M _____

Name: _____ Date: _____

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

               Home Phone: _____

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

Baccalaureate Degree: _____ Major: _____ Minor: _____

Granting Institution: _____ Date Granted: _____

Graduate curriculum you propose to follow: **Doctorate of Education P-20 and Community Leadership with STEM 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**	
STEM Specialization			
STM 901	**Professional Studies in STEM Education I**	**3**	
STM 902	**Professional Studies in STEM Education II**	**3**	
STM 904	**Emerging Trends in STEM 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** ————

APPROVED ☐ ☐ ☐ ☐	**DISAPPROVED** ☐ ☐ ☐ ☐		

Departmental Graduate Advisor _____ Date _____

Department Chair _____ Date _____

College Graduate Coordinator _____ Date _____

College Dean _____ Date _____

For Graduate Admissions	*Processed by*	*Date*