



# Graduate Program for Doctorate Degree with pK-12 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: **Doctorate of Education P-20 and Community Leadership with pK-12 Specialization**
**Courses to be completed in earning the master's degree:**

| Course Prefix & No. | Course Title | Semester Hours | Grade |
|---------------------|--------------|----------------|-------|
|---------------------|--------------|----------------|-------|

**Core Courses**

|                |   |          |  |
|----------------|---|----------|--|
| <b>ADM 800</b> | <b>Seminar in Individual Leadership Development</b> | <b>3</b> |  |
|----------------|---|----------|--|

|                |   |          |  |
|----------------|---|----------|--|
| <b>ADM 810</b> | <b>Leadership &amp; Ethics in a Diverse Society</b> | <b>3</b> |  |
|----------------|---|----------|--|

|                |                                      |          |  |
|----------------|--------------------------------------|----------|--|
| <b>ADM 820</b> | <b>Foundations of P-20 Education</b> | <b>3</b> |  |
|----------------|--------------------------------------|----------|--|

|                |                                     |          |  |
|----------------|-------------------------------------|----------|--|
| <b>ADM 830</b> | <b>Development of P-20 Learners</b> | <b>3</b> |  |
|----------------|-------------------------------------|----------|--|

|                |   |          |  |
|----------------|---|----------|--|
| <b>COM 887</b> | <b>Seminar in Organizational Leadership</b> | <b>3</b> |  |
|----------------|---|----------|--|

|                |                                    |          |  |
|----------------|------------------------------------|----------|--|
| <b>MGT 801</b> | <b>Educational Entrepreneurism</b> | <b>3</b> |  |
|----------------|------------------------------------|----------|--|

**Research Courses**

|                |   |          |  |
|----------------|---|----------|--|
| <b>ADM 725</b> | <b>Advanced Methods of Quantitative Research in education</b> | <b>3</b> |  |
|----------------|---|----------|--|

|                |                                      |          |  |
|----------------|--------------------------------------|----------|--|
| <b>ADM 730</b> | <b>Advanced Educational Research</b> | <b>3</b> |  |
|----------------|--------------------------------------|----------|--|

|                |   |          |  |
|----------------|---|----------|--|
| <b>ADM 735</b> | <b>Institutional Research, Assessment &amp; Accreditation</b> | <b>3</b> |  |
|----------------|---|----------|--|

**Clinical Courses**

|                |   |          |  |
|----------------|---|----------|--|
| <b>ADM 900</b> | <b>Clinical Practice I: P-20 Leadership</b> | <b>3</b> |  |
|----------------|---|----------|--|

|                |   |          |  |
|----------------|---|----------|--|
| <b>ADM 910</b> | <b>Clinical Practice II: P-20 Learner</b> | <b>3</b> |  |
|----------------|---|----------|--|

**Dissertation Process**

|                |                               |          |  |
|----------------|-------------------------------|----------|--|
| <b>ADM 920</b> | <b>Dissertation Seminar I</b> | <b>3</b> |  |
|----------------|-------------------------------|----------|--|

|                |                                |          |  |
|----------------|--------------------------------|----------|--|
| <b>ADM 930</b> | <b>Dissertation Seminar II</b> | <b>3</b> |  |
|----------------|--------------------------------|----------|--|

|                |                                 |          |  |
|----------------|---------------------------------|----------|--|
| <b>ADM 940</b> | <b>Dissertation Seminar III</b> | <b>3</b> |  |
|----------------|---------------------------------|----------|--|

**pK-12 Specialization**

|                |  |          |  |
|----------------|--|----------|--|
| <b>ADM 750</b> | <b>Philanthropy &amp; Community Engagement: Inst. Advancement in Education</b> | <b>3</b> |  |
|----------------|--|----------|--|

|                |   |          |  |
|----------------|---|----------|--|
| <b>ADM 755</b> | <b>The Role of community Partnerships &amp; Outreach in education</b> | <b>3</b> |  |
|----------------|---|----------|--|

|                |                             |          |  |
|----------------|-----------------------------|----------|--|
| <b>ADM 760</b> | <b>Executive Leadership</b> | <b>3</b> |  |
|----------------|-----------------------------|----------|--|

**Electives (9 Hours)**

|  |  |          |  |
|--|--|----------|--|
|  |  | <b>3</b> |  |
|--|--|----------|--|

|  |  |          |  |
|--|--|----------|--|
|  |  | <b>3</b> |  |
|--|--|----------|--|

|  |  |          |  |
|--|--|----------|--|
|  |  | <b>3</b> |  |
|--|--|----------|--|

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

|                         |                    |            |
|-------------------------|--------------------|------------|
| For Graduate Admissions | Processed by _____ | Date _____ |
|-------------------------|--------------------|------------|