



# Specialist in Education Program Form

(Complete this form, sign it, and send it to your graduate advisor)

Graduate Advisor (will be assigned)

MSU ID#: M

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle/Maiden

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Baccalaureate Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Granting Institution: \_\_\_\_\_ Date Granted: \_\_\_\_\_

Graduate curriculum you propose to follow: Specialist in Education in School Administration

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

Course Prefix & No.	Course Title	Semester Hours	Grade
ADM 669	Seminar in School Administration	_____	_____
ADM 667	Pupil Personnel Accounting	_____	_____
ADM 739	Roles and Responsibilities of the School Superintendent	_____	_____
ADM 749	School District Administration	_____	_____
ADM 759	Strategic Planning in Education	_____	_____

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 \_\_\_\_\_

		<input type="checkbox"/>	<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 Admissiqpu	Processed by	Date
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