



Graduate Program for Master's Degree

(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: Master of Arts in Education Administration: CTE Principal Concentration

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

Course Prefix & No.	Course Title	Semester Hours	Grade
<u>ADM 601</u>	<u>School Leadership, Culture and Community</u>	<u>3</u>	<u> </u>
<u>ADM 611</u>	<u>Instructional Leadership and Coaching</u>	<u>3</u>	<u> </u>
<u>CTE 672</u>	<u>Managing CTE Learning Facilities</u>	<u>3</u>	<u> </u>
<u>CTE 676</u>	<u>Organization and Administration of CTE</u>	<u>3</u>	<u> </u>
<u>ADM 671</u>	<u>Principal Internship II</u>	<u>3</u>	<u> </u>
<u>ADM 672</u>	<u>Legal and Ethical Issues in Schools</u>	<u>3</u>	<u> </u>
<u>ADM 681</u>	<u>Instructional Leadership for Diverse Learners</u>	<u>3</u>	<u> </u>
<u>ADM 682</u>	<u>Principal Internship III</u>	<u>3</u>	<u> </u>

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	<input type="checkbox"/>	DISAPPROVED	<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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