



# 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 School Administration- Dual concentration: K-12 (L1) and CTE

## 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 &amp; Culture</u>	<u>3</u>	<u>    </u>
<u>ADM 602</u>	<u>Sociopolitical Dimensions of School Leadership</u>	<u>3</u>	<u>    </u>
<u>ADM 611</u>	<u>School-wide Instructional Leadership</u>	<u>3</u>	<u>    </u>
<u>ADM 612</u>	<u>Development of School Personnel</u>	<u>3</u>	<u>    </u>
<u>ADM 631</u>	<u>Organization and Operation of Schools</u>	<u>3</u>	<u>    </u>
<u>ADM 632</u>	<u>Practicum in the Organization and Operation of Schools</u>	<u>3</u>	<u>    </u>
<u>ADM 671</u>	<u>Strategic School Leadership</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>Practicum in Instructional Leadership for Diverse Learners</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 Career and Technical Education</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 \_\_\_\_\_

<b>A P P R O V E D</b>	<input type="checkbox"/>	<b>D I S A P P R O V E D</b>	<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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