

Note: This form must be completed electronically, with the exception of signatures.

Graduate Catalog of Record: \_\_\_\_\_

**EAST TENNESSEE STATE UNIVERSITY  
SCHOOL OF GRADUATE STUDIES  
Program of Study/Committee Assignment Form  
POST-SPECIALIST'S Ed.D. DEGREE PROGRAMS**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Department: Educational Leadership and Policy Analysis Degree: Ed.D.

Major In: Educational Leadership Concentration: School Leadership\*

\* Note: This concentration **DOES NOT** lead to a Beginning Administrator Endorsement (K-12).

**EDUCATIONAL LEADERSHIP CORE REQUIREMENTS** (18 semester credit hours)

Course Number	Title of Course	Grade	Semester Credit Hours	Semester Completed (include anticipated completions)
ELPA 6450	Leadership Studies		3	
ELPA 6810	Theories of Administration		3	
ELPA 7810	Educational Statistics		3	
ELPA 7812	Qualitative Research in Education		3	
ELPA 7811 <b>OR</b> ELPA 7814	Quantitative Research in Education <b>OR</b> Advanced Qualitative Research in Education		3	
ELPA 7813	Research in Educational Leadership		3	
<b>TOTAL</b> .....			<b>18</b>	

**CONCENTRATION REQUIREMENTS** (minimum of 9 semester credit hours)

Course Number	Title of Course	Grade	Semester Credit Hours	Semester Completed (include anticipated completions)
ELPA 6581	Internship in Educational Leadership			
<b>TOTAL</b> .....				

**DISSERTATION RESEARCH** (minimum of 12 semester hours)

Course Number	Title of Course	Grade	Semester Credit Hours	Semester Completed (include anticipated completions)
<b>TOTAL</b> .....				

**COURSEWORK REQUIRED UNDER CONDITIONAL ADMISSION** (If applicable):

Course Number	Title of Course	Grade	Semester Credit Hours	Semester Completed (include anticipated completions)
<b>TOTAL</b> .....				

<b>Number of Semester Hours Required for the Degree = 42</b>	<b>Number of Semester Hours Included in This Program of Study =</b>
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Program checked against catalog requirements \_\_\_\_\_

Graduate grade point average \_\_\_\_\_

Approved by: \_\_\_\_\_

Graduate Analyst

Date

**ADVISORY COMMITTEE AGREEMENT:**

**1. Committee Chair Name** **ELPA**  
Department Signature

**2. Committee Member Name** **ELPA**  
Department Signature

**3. Committee Member Name** **ELPA**  
Department Signature

**4. Committee Member Name**  
Department Signature

**Student** Signature Date

Dr. Pam Scott  
**Graduate Program Coordinator** Signature Date

**Dean, Clemmer College of Education** Signature Date

**School of Graduate Studies** Signature Date