

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 Form
M.Ed. DEGREE PROGRAMS

Name: _____ ID#: E _____

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

Major In: Educational Leadership Concentration: HEDL Student Personnel*

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

EDUCATIONAL LEADERSHIP REQUIRED COMMON CORE

Course Number	Title of Course	Grade	Semester Credit Hours	Semester Completed (include anticipated completions)
ELPA 5100	Interpersonal Relations		6	
ELPA 5600	Shaping the Quality and character of the Institution		6	
TOTAL			12	

REQUIRED COURSES IN EDUCATIONAL LEADERSHIP

Course Number	Title of Course	Grade	Semester Credit Hours	Semester Completed (include anticipated completions)
ELPA 6040	Writing for Professional Educators		3	
ELPA 5820	Introduction to Higher Education in America		3	
ELPA 5822	Legal Issues in Student Personnel		3	
TOTAL			9	

FOUNDATIONS OF EDUCATIONAL LEADERSHIP

Course Number	Title of Course	Grade	Semester Credit Hours	Semester Completed (include anticipated completions)
COUN 5150	Career Development		3	
COUN 5721	Trends and Issues in Higher Education		3	
COUN 5722	Student Development		3	
TOTAL			9	

RESEARCH

Course Number	Title of Course	Grade	Semester Credit Hours	Semester Completed (include anticipated completions)
EDFN 5950	Methods of Research		3	
ELPA 6870 Or ELPA 6952	Field Research in Educational Leadership Action Research		3	
TOTAL			6	

COURSEWORK REQUIRED UNDER CONDITIONAL ADMISSION (If applicable):

Course Number	Title of Course	Grade	Semester Credit Hours	Semester Completed (include anticipated completions)
TOTAL				

Number of Semester Hours Required for the Degree = 36	Number of Semester Hours Included in This Program of Study = 36
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Program checked against catalog requirements _____ Graduate grade point average

Approved by:

Graduate Analyst

Date

ADVISOR AGREEMENT:

Dr. Don Good	ELPA	
Student Personnel Concentration Advisor – Name	Department	Signature

Student	Signature	Date
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Dr. Don Good		
Graduate Program Coordinator	Signature	Date

School of Graduate Studies	Signature	Date
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