

STUDENT TENTATIVE PLAN OF STUDY

Name _____

Date _____

M.A. in Educational Leadership - Higher Education- College Teaching and Leadership

In Areas A and B, please fill in the credit hours, semester and instructor.

Area A: Core College Courses (15 hours)

| Course Prefix | Course Name | Credit Hours | Semester | Instructor |
|---------------|--|--------------|----------|------------|
| EDH 6053 | The Community College in America | | | |
| EDH 6081 | Contemporary Issues in Colleges | | | |
| EDH 6204 | Leadership in College Organizations | | | |
| EDH 6305 | Teaching and Learning in Colleges & Universities | | | |
| EDH 6215 | College Curriculum | | | |

Area B: Other Required Education Courses (9 hours)

| Course Prefix | Course Name | Credit Hours | Semester | Instructor |
|---------------|---|--------------|----------|------------|
| IDS 6504 | Adult Learning | | | |
| EDF 6481 | Fundamentals of Graduate Research | | | |
| EDF 6432 | Measurement and Evaluation in Education | | | |
| Or | Or | | | |
| EDF 6401 | Statistics for Educational Data | | | |

In Area C, please list the course prefix, name, number of credit hours, semester and instructor.

Area C: Specialization Courses (18 hours)

| Course Prefix | Course Name | Credit Hours | Semester | Instructor |
|---------------|-------------|--------------|----------|------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

In Addition: ALL STUDENTS MUST TAKE AND PASS THE COMPREHENSIVE EXAM IN THEIR LAST SEMESTER

All Signatures must be signed by hand, **not** electronically

Student's Signature _____ Date _____

Print Name _____

Return this form to:

Dr. Thomas Cox, Program Coordinator
ED 315Q
University of Central Florida
College of Community Innovation and Education
P.O. Box 161250
Orlando, FL 32816

Program Coordinator's Signature _____ Date _____