PROGRAM OF STUDY FOR A GRADUATE DEGREE Revised 01/11/2006

Appalachian State University - Cratis D. Williams Graduate School

Name of Student: (Please type or Print) _____ Banner#: _____

Department: Leadership & Educational Studies Entry Term: _____

Before submitting to the Registrar's Office, please check that the program meets academic requirements outlined in the Bulletin for the term of entry indicated above. Advisor or Program Director: Attach an explanation for any substitutions for required coursework.

Degree: MSA Major: School Administration Major Code: 433A

Concentration (if applicable): _____ Conc. Code: _____

Minor (if applicable): _____ Minor Code: _____

Office Use Only	Dept. Abbr.	Course #	Course Title	Credit Hrs	Office Use Only			Office Use Only
	LSA	5030	The Principalship	3				
	LSA	5600	School Law	3				
	LSA	5400	Developing & Managing Resources In Schools	3				
	LSA	5900	School Admin & Superv/Intern/Field Study	6				
	LSA	5820	Theory & Dev In Educational Org	3				
	RES	5000	Research Methods	3				
	RES	5070	School Based Eval & School Imp Plan	3				
	FDN	5840	Social & Philosophical Found Of Ed	3				
	LSA	5800	Critical Inquiry & Thought In Ed Leadership	3				
	RES	5560	Classroom Assessment	3				
	LSA	5850	Politics & Public Policy Analy For Ed Lead	3				
Transfer Credit	Dept Abbr.	Course #	Course Title	Credit Hrs.				Institution
			Totals semester hours listed for credit	36				

Notes

I expect to complete degree requirements by the date _____. I understand that additional course work may be added to this proposed program of study by my Advisory Committee, if such additional work is needed to correct deficiencies in my academic preparation. I also understand that all substitutions must be approved by my advisory Committee chairperson and by the Graduate School. I understand and acknowledge that provision of my Social Security number is voluntary and authorize its use as a personal identifier for record keeping purposes.

Student Signature: _____ Date: _____

Approval Recommended: _____ Department Chairperson: _____
(Committee Chairperson)

Member 1: _____ Member 2(Opt.): _____ Member 3 (Opt.): _____

Printed Names: _____

Graduate School Approval: _____ Date: _____

COMMITTEE MEMBERS: Please print your name below signature. Submit the form to the Registrar's Office.