

Wayne State University
College of Education
Education Specialist - Plan of Work – Central Office Administrator
(Applicants with Master's Degree in EDA)

Consult current university graduate catalog, your advisor and Education Specialist Brochure when completing this form. Student is responsible for meeting prerequisites for courses on Plan of Work when completing this form.

Name: _____ WSU I.D.: _____
 (Last, First, Middle/Maiden)

Address: _____
 (Number & Street Name, City, State, Zip)

Telephone Home: _____ Work: _____ Cell: _____

Email Address: _____

MAJOR: ADMINISTRATION & SUPERVISION

CHECK ONLY COURSES PROPOSED FOR THE EDUCATION SPECIALIST CERTIFICATE

<input checked="" type="checkbox"/>	UNIVERSITY	SEM/YR	DEPT	COURSE	COURSE TITLE	SEM. HRS.	GRADE
<input checked="" type="checkbox"/>			EDA	7670	Economics Issues in Education	4	
<input checked="" type="checkbox"/>			EDA	8620	School Personnel Administration	4	
<input checked="" type="checkbox"/>			EDA	8630	Supervision	4	
<input checked="" type="checkbox"/>			EDA	8990	Internship in Administration	3	
<input checked="" type="checkbox"/>			EPS	9600	Seminar in Research & Theory of Administration	3	
<input checked="" type="checkbox"/>			ED	7998	Field Studies	3	
<input checked="" type="checkbox"/>			LDT	8135	Technology Applications in Central Administration	3	

ELECTIVES – Minimum 6 Credits

<input checked="" type="checkbox"/>	UNIVERSITY	SEM/YR	DEPT	COURSE	COURSE TITLE	SEM. HRS.	GRADE
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

TOTAL HOURS: 30 _____

Student's Signature: _____ Date: _____

Plan of Work approved and recommended by: _____ Date: _____
 Advisor's Signature

To be completed by COE Academic Services Office

Checked by: _____ Date: _____

COMPLETION DATE: _____
 (Student has six years from admission to the program to complete)