

Wayne State University
College of Education
MASTER OF EDUCATION - Plan of Work

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

Name: _____ WSU ID #: _____
 (Last, First, Middle/Maiden)

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

Phone Home: _____ Cell: _____ Email: _____

MAJOR: Educational Leadership

CHECK ONLY COURSES PROPOSED FOR THE MASTER OF EDUCATION

MAJOR REQUIREMENTS

<input checked="" type="checkbox"/>	UNIVERSITY	SEM/YR	DEPT	COURSE	COURSE TITLE	SEM. HRS.	GRADE
<input checked="" type="checkbox"/>			EDA	7625	Leadership, Administration and the Principalship	4	
<input checked="" type="checkbox"/>			EDA	7660	Administrative Leadership in School-Community Relations	3	
<input checked="" type="checkbox"/>			EDA	7675	Public School Finance and Budgeting	4	
<input checked="" type="checkbox"/>			EDA	7690	Introduction to Michigan School Law	4	
<input checked="" type="checkbox"/>			EDA	8650	Staff Development and School Improvement	3	
<input checked="" type="checkbox"/>			EDA	8990	Internship in Administration	3	
<input checked="" type="checkbox"/>			ED	7999	Terminal Master's Seminar and Essay/Project	3	
<input checked="" type="checkbox"/>			LDT	6135	Technology Applications in School Administration	2	

GENERAL PROFESSIONAL (Core) 4 hours required

<input checked="" type="checkbox"/>	UNIVERSITY	SEM/YR	DEPT	COURSE	COURSE TITLE	SEM. HRS.	GRADE
<input checked="" type="checkbox"/>			EER	7610	Evaluation and Measurement	2	
<input checked="" type="checkbox"/>			EDP	7350	The Learning Process	2	

ELECTIVES

<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"/>							

TOTAL HOURS: 30 _____

Petition for admission to candidacy: _____ Date: _____
 Student's Signature

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

To be completed by COE Academic Services Office

Checked by: _____ Date: _____

COMPLETION DATE: _____
 (Student has six years from completion of first course applied toward program to complete requirements)