

Angelo State University
 Department of Curriculum and Instruction
 College of Education

Major: School Administration, Masters of Education

Catalog Term: _____

Name: _____
 Last First Middle/Maiden

Street: _____ City: _____ State: _____

CID #: _____ Phone (____) ____ - _____

ASU Email: _____@angelo.edu

Course	Name	Term Completed	Grade
Foundation Courses			
CI 6327	Social and Cultural Influences on Learning		
CI 6331	Tests and Measurements in Education		
CI 6351	Human Growth and Development		
CI 6363	Applied Research		
CI 6373	Educational Law		
Specialized Courses			
CI 6315	Problems of Instructional Supervision		
CI 6319	Practicum in School Administration (Fall)		
CI 6319	Practicum in School Administration (Spring)		
CI 6356	Structure and Org. of the Texas School System		
CI 6362	Education of the Exceptional Child		
CI 6371	Role of the Principal		
CI 6372	Personnel and Fiscal Management		

36 SCH Required Total **Transfer** _____ **ASU** _____

As a requirement for the degree, the candidate is required to successfully complete a Comprehensive Program Review (CPR) with a committee of professors from the Colleges of Education and Graduate Studies.

 Student Date Graduate Advisor Date

 Department Head Date Dean, College of Education Date

 Dean, College of Graduate Studies Date