



Doctor of Education in Instructional Leadership

NAME: _____ **STUDENT ID#:** _____ **DATE:** _____ 20____
ADDRESS: _____ **City/State:** _____ **ZIP CODE:** _____
HOME PHONE: _____ **WORK PHONE:** _____
E-MAIL: _____ **CELL #:** _____

Course No.	Course Name	Sem. Hr.
Core Courses in Theory and Foundations (18 S.H.)		
ED 800	Foundations of Instructional Leadership	3 S.H. _____
ED 801	Group Leadership, Group Processes, and Team Building in Education	3 S.H. _____
ED 802	Emerging Instructional Technologies	3 S.H. _____
ED 803	National Standards, Current Practices, and Policies in Education (Summer Institute)	3 S.H. _____
ED 804	Learning, Cognition, and Teaching	3 S.H. _____
ED 805	Research and Evaluation in Education	3 S.H. _____
Area of Specialization (18 S.H.)		
ED 821	Leadership Assessment and Development	3 S.H. _____
ED 820	Topics in Curriculum and Instruction	3 S.H. _____
ED 822	Talent Development Across the Curriculum	3 S.H. _____
ED 823	Models of Creative Thinking	3 S.H. _____
ED 824	Diversity Issues in Schools	3 S.H. _____
ED 826	Quantitative and Qualitative Applications of Educational Research	3 S.H. _____
Inquiry Strategies and Dissertation Sequence (24 S.H.)		
ED 860	Quantitative Methods Applied to Educational Research	3 S.H. _____
ED 861	Qualitative Methods Applied to Educational Research	3 S.H. _____
ED 865	Introduction to Educational Research Designs	3 S.H. _____
ED 881	Dissertation Seminar 1	3 S.H. _____
ED 882	Dissertation Seminar 2	3 S.H. _____
ED 883	Dissertation Seminar 3	3 S.H. _____
ED 884	Dissertation Seminar 4	3 S.H. _____
ED 885	Dissertation Seminar 5	3 S.H. _____

Exams and Dissertation

Comprehensive Exams Date: _____
 Dissertation Proposal Date: _____
 Dissertation Defense Date: _____

Transfer Credits

Course # _____ Course Name _____ Date: _____ 3 S.H. _____
 Institution _____ Grade _____
 Course # _____ Course Name _____ Date: _____ 3 S.H. _____
 Institution _____ Grade _____
 Course # _____ Course Name _____ Date: _____ 3 S.H. _____
 Institution _____ Grade _____

TOTAL S.H. Minimum: 60 S.H. _____

Changes in this schedule can be made only with the Doctoral Program Coordinator's approval. The admission requirements have been explained to me and I understand it is my obligation to read the Graduate Catalog.

Student's Signature _____ Date _____
 Coordinator's Signature _____ Date _____ 6/09, 9/10