GRADUATE STUDIES
AT
WESTERN CONNECTICUT STATE UNIVERSITY

Doctor of Education in Instructional Leadership

NAME:_____ STUDENT ID#:_____ DATE:_____20___
ADDRESS:_____
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	Program Administration and Assessment	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 I	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_____ 9/04, 6/09

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