

**ST. CLOUD STATE UNIVERSITY**  
Application for Semester Program Approval: Specialist Degree

Major: Educational Administration and Leadership

Name \_\_\_\_\_

SCSU Student ID \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone \_\_\_\_\_

Name of Undergraduate College or University \_\_\_\_\_

Current Position Held \_\_\_\_\_

School \_\_\_\_\_

Request transfer of the following courses: (Official transcripts of all transfer credits which have been completed are required to be in the Graduate Studies Office before program can be approved.)

| Dept. and Course No. | Name of Course Transferred | College or University | Sem./Qtr. Hours | Mark  | Date Taken |
|----------------------|----------------------------|-----------------------|-----------------|-------|------------|
| _____                | _____                      | _____                 | _____           | _____ | _____      |
| _____                | _____                      | _____                 | _____           | _____ | _____      |
| _____                | _____                      | _____                 | _____           | _____ | _____      |
| _____                | _____                      | _____                 | _____           | _____ | _____      |
| _____                | _____                      | _____                 | _____           | _____ | _____      |
| _____                | _____                      | _____                 | _____           | _____ | _____      |
| _____                | _____                      | _____                 | _____           | _____ | _____      |
| _____                | _____                      | _____                 | _____           | _____ | _____      |
| _____                | _____                      | _____                 | _____           | _____ | _____      |

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(Not to be filled in by applicant)

All deficiencies related to this student's admission to graduate study have been removed.  
I approve the program outlined in this application.

\_\_\_\_\_  
Signature of Adviser

The program outlined in this application complies with the minimum course requirements of the university for the Specialist degree in this major field.

\_\_\_\_\_  
Signature of Graduate Dean

Student Notified \_\_\_\_\_

## PROPOSED SEMESTER PROGRAM OF GRADUATE STUDY

Major: Educational Administration and Leadership

\_\_\_ Specialist Degree (36 Credits)

\_\_\_ Dir. of Community Education

\_\_\_ K-12 Principal \_\_\_ Superintendent

\_\_\_ Dir. of Special Education

| Dept.   | Number | Course Title                                 | Instructor | Sem./Yr | Credits | Grade |
|---|--------|--|------------|---------|---------|-------|
| <b>I. Administrative Core, 15 Cr. suggested</b> |        |  |            |         |         |       |
| EDAD  | 603    | Organizational Theory                        | _____      | _____   | 3       | _____ |
| EDAD  | 609    | Supervision of Special Education             | _____      | _____   | 3       | _____ |
| EDAD  | 612    | Program & Assessment/Evaluation Techniques   | _____      | _____   | 3       | _____ |
| EDAD  | 619    | Legal Financial Aspects of Special Education | _____      | _____   | 3       | _____ |
| EDAD  | 622    | Legal Aspects of Educational Administration  | _____      | _____   | 3       | _____ |
| EDAD  | 631    | Advanced Supervision Techniques              | _____      | _____   | 3       | _____ |
| EDAD  | 633    | Curriculum Development for Administrators    | _____      | _____   | 3       | _____ |
| EDAD  | 652    | Community Relations                          | _____      | _____   | 3       | _____ |
| EDAD  | 657    | Educational Policy                           | _____      | _____   | 3       | _____ |
| _____   | _____  | _____  | _____      | _____   | _____   | _____ |
| _____   | _____  | _____  | _____      | _____   | _____   | _____ |
| _____   | _____  | _____  | _____      | _____   | _____   | _____ |

----- Total Credits in Administrative Core -----

**II. Administrative Specialty, 8 Cr. suggested**

|      |     |  |       |       |   |       |
|------|-----|--|-------|-------|---|-------|
| EDAD | 601 | Intro to Educational Administration          | _____ | _____ | 1 | _____ |
| EDAD | 605 | Principal: K-12                              | _____ | _____ | 3 | _____ |
| EDAD | 608 | Superintendency                              | _____ | _____ | 3 | _____ |
| EDAD | 611 | Portfolio Review                             | _____ | _____ | 1 | _____ |
| EDAD | 613 | Administration of Special Education          | _____ | _____ | 3 | _____ |
| EDAD | 616 | SPED Program Development for Administrators  | _____ | _____ | 3 | _____ |
| EDAD | 632 | Assessment for School Leaders                | _____ | _____ | 3 | _____ |
| EDAD | 646 | Auxiliary Function for School Administrators | _____ | _____ | 3 | _____ |

----- Total Credits in Administrative Specialty -----

**III. Research, 9 Cr.**

|       |       |  |       |       |       |       |
|-------|-------|--|-------|-------|-------|-------|
| EDAD  | 686   | Field Study Design in Educational Administration | _____ | _____ | 3     | _____ |
| EDAD  | 694   | Field Study                                      | _____ | _____ | 3     | _____ |
| CEEP  | 678   | Introduction to Graduate Statistics              | _____ | _____ | 3     | _____ |
| _____ | _____ | _____  | _____ | _____ | _____ | _____ |

----- Total Credits in Research -----

**IV. Field Experience, 4 Cr.**

|      |     |  |       |       |   |       |
|------|-----|--|-------|-------|---|-------|
| EDAD | 507 | Field Exp.: Dir. of Community Edu. (320 hrs)       | _____ | _____ | 4 | _____ |
| EDAD | 674 | Field Exp.: K-12 (320 hours)                       | _____ | _____ | 4 | _____ |
| EDAD | 676 | Field Exp.: Special Education Director (320 hours) | _____ | _____ | 4 | _____ |
| EDAD | 678 | Field Exp.: Superintendency (320 hours)            | _____ | _____ | 4 | _____ |

----- Total Credits in Field Experience -----

Total Credits in Program: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**PROGRAM REQUIREMENTS:**

1. Credit limitation on transfer and extension credits (combined)—10 credits.
2. Credit limitation on workshop (595, 695)—4 credits.
3. Required: one-half of minimum requirements for program must be completed in 600-level courses.