



PROGRAM OF STUDY

University of Arkansas at Little Rock
Graduate School
Rural and Urban School Leadership Program
Master of Education (MEd)

Candidate Name: _____ ID No. _____

Address/Zip _____

Telephone (H) _____ (O) _____ Date Admitted _____

Requirements for the degree include a minimum of 30 hours and a comprehensive examination. The culminating experience will be the candidate's Master's Degree Portfolio Presentation to the program faculty. The University reserves the right to modify policies and programs of study by supplying candidates written notice of change.

In space to left of course number enter **number of credit hours** for any courses not yet completed and which is to be a component of the candidate's program of study. Enter a **grade** to show for courses already completed. Enter a **W** for a requirement which is waived and the candidate must take an approved elective or a **T** for transfer credit (in which case a Transfer of Credit Request should accompany this form).

Co-requisite Exceptional Child Course, SPED 4301 or Equivalent course _____
Institution _____ Date: _____

***Candidates must upload major assessments in Chalk & Wire.**

- _____ EDAS 7312, Introduction to Comparative Leadership in Rural and Urban Schools
- _____ EDAS 7301, Instructional Leadership & Curriculum Assessment for School Improvement
- _____ EDAS 7302, School Finance and Human Resource Allocation
- _____ EDAS 7303, Educational Law & Ethics
- _____ EDAS 7304, Instructional Supervision and Evaluation for Academic Excellence
- _____ EDAS 7315, Leadership for Social Justice in Rural and Urban Schools
- _____ EDAS 8313, Culturally Responsive School and Community Relations
- _____ EDAS 7310, Data-Based Decision Making or School Improvement

Research

_____ EDAS 7320, Leadership Coaching

Internship

_____ EDAS 7380, Administrative Internship

Comprehensive Examination: _____ (Date Passed)

Program Completion Signed by Program Coordinator Prior to Application for Licensure: _____ (Date)

Candidate _____ Date _____

Advisor _____ Date _____

EDAS Program Coordinator _____ Date _____

Department Chairperson _____ Date _____