

Last Name	First	Middle
Address		Apt. No.
City	State	Zip Code

Date: _____
 Z#: _____
 Phone: (Home) () _____
 Phone: (Work) () _____
 E-Mail: _____

	<u>Prefix</u>	<u>Number</u>	<u>Course Title</u>	<u>Hours</u>
Λ	GTHE	507	Holy Spirit in the Now	2
□	GHPE	503	Graduate Health Fitness	1
Λ	GHPE	—	Aerobics/Activities	.5-1.0
			See information below**	
			M.A. Orientation Seminar	0

Transferred*	Date to Enroll	Date Completed	Grade	Credit

	<u>Prefix</u>	<u>Number</u>	<u>Course Title</u>	<u>Hours</u>
<input type="checkbox"/>	GPED	503	History and Philosophy of Education	3
<input type="checkbox"/>	GPED	593	Assessment & Evaluation in Education	3
<input type="checkbox"/>	GPED	683	Educational Research Design	3
<input type="checkbox"/>	GPED	834	Organization and Supervision of Programs for Exceptional Individuals OR	3
<input type="checkbox"/>	GPED	835	Advanced Learning Theories and Brain Research	3

Transferred*	Date to Enroll	Date Completed	Grade	Credit

<u>Prefix</u>	<u>Number</u>	<u>Course Title</u>	<u>Hours</u>
□ GPED	733	School Law/Legal Issues in Education	3
Λ GPED	753	Curriculum/Instructional Design & School Services	3
Λ GCSE	613	Organization & Administration of Christian Schools	3
Λ GPED	723	School Finance	3
Λ GCSE	683	Internship I	3
Λ GCSE	684	Internship II	3
Λ GCSE	713	Educational Leadership, Supervision & Evaluation	3

[illegible][illegible][illegible]

- GRE or MAT taken? YES _____ NO _____ SCORE _____

Christian School Administration 36 hours minimum Total:

Signed, Advisor	Date	Signed, Graduate Chair	Date	Signed, Dean	Date
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