

UNIVERSITY OF NORTHERN COLORADO
Educational Leadership and Policy Studies

Doctor of Education (Ed.D.) in Educational Leadership

PROGRAM PLANNING FORM

Date: _____

Student Name: _____ Bear #: _____

Home Address: _____ Phone: _____

Work Address: _____ Phone: _____

E-mail Address: _____

Indicate Semesters of Residency (9 semester hours for 2 academic semesters/summers) _____

Indicate year of Bulletin under which you will be completing program requirements _____

PLANNED PROGRAM OF STUDIES

I. Educational Leadership Core (Minimum of 21 Semester Hours)

Course Number	Course Title	Number of Credit Hours	Semester Completed or Will Enroll
ELPS 608	Issues in Ed. Leadership	3	_____
ELPS 666	Planning & Change	3	_____
ELPS 667	Leadership at District Level	3	_____
ELPS 751	Doctoral Core I	6	_____
ELPS 752	Doctoral Core II	6	_____

II. Concentration Area(s) (Minimum of 9 Semester Hours related to goals as educational leader)

Course Number	Course Title	Number of Credit Hours	Semester Completed or Will Enroll

III. Research Core (Minimum of 12 Semester Hours)

Has completed SRM 600 or Equivalent: _____yes _____no

Course Number	Course Title	Number of Credit Hours	Semester Completed or Will Enroll
SRM 602	Statistical Methods I	3	
ELPS 754	Research in Ed. Leadership	3	

IV. Field-Based Learning (Minimum of 6 Semester Hours of ELPS 606 and/or ELPS 695)

Course Number	Course Title	Number of Credit Hours	Semester Completed or Will Enroll

V. Dissertation (Minimum of 16 Semester Hours)

Course Number	Course Title	Number of Credit Hours	Semester Completed or Will Enroll
ELPS 797	Doctoral Proposal Research	4	
ELPS 799	Doctoral Dissertation	12	

VI. Total Semester Hours. Indicate total number of semester hours you will have completed for your program of studies within the 8 year limit specified in the Bulletin:

Total number of credits at UNC _____
 Total number of transfer credits* _____
 Total program credits _____

(Minimum of 64 hours beyond MA or 43 hours beyond Ed.S. degree).

*Transfer Credits. Indicate which of the courses on your program of study are transfer credits and identify the college or university where completed or to be completed.

Name of College/ University	Course Number and Prefix	Course Title	Semester and Year	Number of Credit Hours

VII. Anticipated semester of comprehensive examination: _____

**Course Work Taken Prior to Doctoral Admission That Pertains
To Planned Course Work/Career Goals**

To assist in planning your program of studies, please list all previous graduate level course work that pertains to your planned course work and/or career goals. (Note: these courses are not subject to the 8 year time limit.)

Course Number and Title	Number of Credit Hours	Semester Completed	Where Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Required Signatures Indicating Approval of the Plan of Study

Student: _____ Date _____

Program Advisor: _____ Date _____

Committee Member: _____ Date _____

Committee Member: _____ Date _____