

Form 1: Proposed Graduate Course Plan

Timeline for submission: End of first semester as an admitted graduate student

| Student's Name | Benjamin L. Fowler | | Dragon ID No. | 14445303 | |
|---|----------------------------------|-----|---------------|----------------|--|
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| | Street Address City | | State | Zip | |
| E-mail Address | Benjamin.fowler@go.minnstate.edu | | Telephone No. | (701) 361-9045 | |
| Program/Emphasis | Educational Leadership - Masters | | Plan A 🗌 | Plan B | |
| Expected date for completion of graduate work (Semester/Year) | | | Summer 202 | 20 | |

Complete in consultation with advisor and list proposed courses for completion of degree. This form should be completed at the beginning of your program. Submit the Course Substitution Form for any transfer courses or changes made subsequent to submitting this form.

| Dept. | No. | Title | Cr. | Transfer From | Date |
|-------|------|---|-----|---------------|-------------|
| ED | 613 | Social, Cultural, Political and Community Dimensions of Education | 4 | | Summer 2019 |
| ED | 695A | Introduction to Educational Leadership/Portfolio | 1 | | Summer 2019 |
| ED | 635 | Personnel, Supervision, and Staff Development | 4 | | Summer 2019 |
| ED | 636 | Policy and Educational Finance | 2 | | Summer 2019 |
| ED | 631 | Educational Law | 3 | | Fall 2019 |
| ED | 630 | Leadership, Planning and Org. | 3 | | Fall 2019 |
| ED | 632 | Curriculum and Learning Theory | 4 | | Spring 2020 |
| ED | 634 | Personal Com. And Ethics | 3 | | Spring 2020 |
| ED | 640 | P-12 School Administration | 3 | | Summer 2020 |
| ED | 644 | P-12 Curriculum | 3 | | Summer 2020 |
| ED | 794 | Practicum | 2 | | Summer 2020 |
| ED | 695B | Portfolio Completion/Presentation | 1 | | Summer 2020 |

| Plan requested by | Benjamin Fowler Student's Name (typed or printed) | Bumin Folker Signature | <u>5/29/2</u> 0/ |
|---------------------|---|---------------------------|------------------|
| | Advisor's Name (typed or printed) | Signature | Date |
| Plan recommended by | Signature of Program Coordinator | | Date |
| Plan approved by | Signature of Dean of Graduate & Extended Learn | Date | |

(Return signed original to Graduate & Extended Learning. Make file copies prior to submitting.)

11/18