

ALBANY STATE UNIVERSITY
Educational Administration & Supervision Specialist Degree TIER II
 (27 Semester Hours)

Name: _____ Ram ID: _____

Advisor: _____ Home/Cell Phone: _____

Address: _____ City/State/Zip: _____

Email 1: _____ Email 2: _____

Dept.	Course Number	Course Name	Semester	Cred. Hrs.	Clinical Hrs.	Grade level
EDAS	6000	Professionalism and Ethics	Summer I	3	20	Any
EDAS	6015	Supervision, Curriculum, and Instruction	Summer I	3	20	Any
EDAS	6020	Assessment, Evaluation and Continuous Improvement	Summer II	3	30	Any
EDAS	6025	Residency I	Fall I	5	225	Elementary: 75; Middle: 75 Secondary: 75
EDAS	6030	Seminar I	Fall I	1	75	Central Office
EDAS	6035	Residency II	Spring I	5	225	Elementary: 75; Middle: 75 Secondary: 75
EDAS	6040	Seminar II	Spring I	1	75	Central Office
EDUC	6000	Research I	Summer I	3	30	Any
EDUC	6005	Research II	Summer II	3	60	Any
EDUC	6199*	Orientation to Educational Specialist Program	Summer I	0	0	NA

Other Requirements:

1. Established MyPSC Account	Date Completed _____
2. Certification in Leadership	Date Completed _____
3. EDUC 6199 Orient. To Educ. Spec. Prog. *	Date Completed _____
4. Certification/Upgrade Application	Date Completed _____
5. Background Checks	Date Completed _____
6. Fall and Spring Orientations	Date Completed _____
7. Spring Leadership Forum	Date Completed _____
8. Graduation Application	Date Completed _____
9. Graduation Audit	Date Completed _____

*Not needed if EDUC 2199 or EDUC 5199 completed.

CANDIDATE SIGNATURE

ADVISOR SIGNATURE

DATE

DATE