

ALBANY STATE UNIVERSITY
 College of Professional Studies
 Division of Education
 Department of Counseling & Educational Leadership
Educational Leadership 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	Term	Cred. Hrs.
Summer					
LEAD	6001	Orientation and Introduction to School Leadership	Summer	8 wks	1
LEAD	6006	Leading through Mission, Vision and Core Values	Summer	A	2
LEAD	6011	Leading through Professional Learning	Summer	B	2
LEAD	6026	Leading School Improvement	Summer	8-wks	2
LEAD	6021	Clinical Practice I	Summer	8-wks	2
LEAD	6199*	Orientation to Educational Specialist Program	Summer	-	0
Fall					
LEAD	6016	Leading through Teams and Collaborative Work	Fall	A	2
LEAD	6051	Leading Through Family and Community Engagement	Fall	B	2
LEAD	6031	Leading Teaching & Learning	Fall	B	2
LEAD	6041	Clinical Practice II	Fall	FT	3
Spring					
LEAD	6046	Leading a Culture that Supports Personalized Student Learning and Well-Being	Spring	A	2
LEAD	6056	Leading and Advocating for Ethics and Equity	Spring	B	2
LEAD	6036	Leading Through Organization and Management	Spring	FT	2
LEAD	6061	Clinical Practice III	Spring	FT	3

Other Requirements:

1. EDUC 6199 Orient. To Educ. Spec. Prog. *	Date Completed _____
2. Certification/Upgrade Application	Date Completed _____
3. Background Checks	Date Completed _____
4. Professional Learning Community	Date Completed _____
5. Graduation Application	Date Completed _____

*Not needed if EDUC 2199 or EDUC 5199 completed.

CANDIDATE SIGNATURE

ADVISOR SIGNATURE

DATE

DATE