

**WESTERN CONNECTICUT STATE UNIVERSITY**  
**Danbury, Connecticut**  
**Department of Education and Educational Psychology**

Doctorate of Education in Instructional Leadership: Program of Study

NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ PREFERRED E-MAIL: \_\_\_\_\_

<b>Course No.</b>	<b>Course Name</b>	<b>Scheduled Semester</b>	<b>Sem. Hrs./Sem.Yr. Completed</b>
	<b>Core Courses in Theory and Foundations (18 S.H.)</b>		
ED800	Foundations of Instructional Leadership	_____	3 S.H./_____
ED801	Group Leadership, Group Processes, and Team Building in Education	_____	3 S.H./_____
ED802	Emerging Instructional Technologies	_____	3 S.H./_____
ED803	National Standards, Current Practices, and Policies in Education (Summer Institute)	_____	3 S.H./_____
ED804	Learning, Cognition, and Teaching	_____	3 S.H./_____
ED805	Program Administration and Assessment	_____	3 S.H./_____
	<b>Area of Specialization (18 S.H.)</b>		
ED821	Leadership Assessment and Development	_____	3 S.H./_____
ED820	Topics in Curriculum and Instruction	_____	3 S.H./_____
ED822	Talent Development Across the Curriculum	_____	3 S.H./_____
ED825	Curriculum Development Using Community Resources	_____	3 S.H./_____
ED824	Diversity Issues in Schools	_____	3 S.H./_____
ED825	Models of Creative Thinking	_____	3 S.H./_____
	<b>Inquiry Strategies and Dissertation Sequence (24 S.H.)</b>		
ED860	Quantitative Methods Applied to Educational Research	_____	3 S.H./_____
ED861	Qualitative Methods Applied to Educational Research	_____	3 S.H./_____

Course No.	Course Name	Scheduled Semester	Sem. Hrs./Sem.Yr. Completed
ED865	Introduction to Educational Research Designs	_____	3 S.H./_____
ED881	Dissertation Seminar 1	_____	3 S.H./_____
ED882	Dissertation Seminar 2	_____	3 S.H./_____
ED883	Dissertation Seminar 3	_____	3 S.H./_____
ED884	Dissertation Seminar 4	_____	3 S.H./_____
ED885	Dissertation Seminar 5	_____	3 S.H./_____

*Exams and Dissertation*  
Comprehensive Exams

Dissertation Proposal

Dissertation Defense

\_\_\_\_\_ Date  
 \_\_\_\_\_ Date  
 \_\_\_\_\_ Date

*Transfer Credits*

_____	_____	_____	3 S.H./_____
Course No.	Course Name	Date	
_____	Institution	Grade	
_____	_____	_____	3 S.H./_____
Course No.	Course Name	Date	
_____	Institution	Grade	
_____	_____	_____	3 S.H./_____
Course No.	Course Name	Date	
_____	Institution	Grade	

TOTAL Semester Hours: Minimum of 60

Changes in this schedule can be made **only** with the Doctoral Program Coordinator's approval. The admission requirements have been explained to me and I understand it is **my obligation to read the Graduate Catalog.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised: 1/5/04,4/1/04; mad