 **Graduate & Extended Learning**

**Center for Business 115**

##### Form 1: Proposed Graduate Course PlanTimeline for submission: End of first semester as an admitted graduate student

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| Student’s Name | Lisa Rydberg | Dragon ID No. | 14775218 |
| Mailing Address | 20660 Wood Land Road Ironton MN 56445 |
| *Street Address City State Zip* |
| E-mail Address | yv1188ck@go.minnstate.edu | Telephone No. | 218-838-8625 |
| Program/Emphasis | PK-12 and Superindendent Licensure | Plan A [ ]  | Plan B [x]  |
| Expected date for completion of graduate work (Semester/Year) | Summer 2021 |

**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.**

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| --- | --- | --- | --- | --- | --- |
| **Dept.** | **No.** | **Title** | **Cr.** | **Transfer From** | **Date** |
| ED | 695A | Introduction to Educational Leadership | 1 |  | Spring 2020 |
| ED | 635 | Personnel, Supervision and Staff Development | 4 |  | Spring 2020 |
|  |  |  |  |  |  |
| ED | 788 | School Finance and Business Management  | 4 |  | Summer 2020 |
| ED | 793 | Seminar in School Administration - Supt | 3 |  | Summer 2020 |
|  |  |  |  |  |  |
| ED | 794 | Practicum- Supt | 3 |  | Fall 2020 |
| ED | 631 | Educational Law and Organizational Behavior in Ed | 3 |  | Fall 2020 |
| ED | 636 | Policy and Educational Finance | 2 | Exempt due to transfer |  |
|  |  |  |  |  |  |
| ED | 794 | Practicum- PK12 | 3 |  | Spring 2021 |
| ED | 640 | PreK-12 School Administration | 3 |  | Spring 2021 |
|  |  |  |  |  |  |
| ED | 793 | Seminar in School Administration and Supervision-PK12 | 2 |  | Summer 2021 |
| ED | 644 | PreK-12 School Curriculum | 3 | Exempt due to transfer |  |
| ED | 695B | Portfolio Completion and Presentation | 1 |  | Summer 2021 |
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Plan requested by \_\_\_\_\_\_\_\_\_Lisa Rydberg\_\_\_\_\_\_\_ electronically signed LR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_1-18-2020\_\_\_\_

 *Student’s Name (typed or printed) Signature Date*

 \_\_\_\_\_\_\_\_\_\_\_Michael Coquyt\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 *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 Learning Date*

 ***(Return signed original to Graduate & Extended Learning. Make file copies prior to submitting.)*** *11/18*