

STUDENT PROGRAM PLAN

Master of Science

Department of Educational Administration and Policy Studies



SCHOOL OF EDUCATION

UNIVERSITY AT ALBANY State University of New York

Student Name: _____ Address: _____ Date: _____

Student ID Number: _____ Admission Date: _____

Phone: (Home/Cell) _____ (Work) _____ E-mail: _____ Concentration: _____

Student Signature _____ Date _____ Advisor Signature _____ Date _____ Curriculum Committee Chair Signature _____ Date _____

Course Requirement	Core: EAPS 600, 601, 614 (9 Credits)	Concentration (9 Credits)	Support Discipline (6 Credits)	Other Requirements and Electives (9 Credits)	Research: EAPS 680 (3 Credits)
Courses Accepted with Transfer Credit (Maximum: 12 Credits)					
Institutions and Dates					
Program at State University of New York at Albany (Minimum: 24 Credits)					
Courses Completed to Date					
Courses Planned					
Total Credits					

CC: Student File / Registrar's Office
Department
Advisor
Student

<p>Grand Total Credits: _____ (Minimum Credits Required: 36)</p>
