HOUSTON BAPTIST UNIVERSITY DEGREE PROGRAM PLAN

DOCTOR OF EDUCATION (EdD)

SPECIAL EDUCATION LEADERSHIP

NAME: _____ H# _____
Last First Middle

LOCAL ADDRESS: _____
Street City/State Zip Code

DAY PHONE: _____ CELL PHONE: _____ EVENING PHONE: _____

CATALOG YEAR: **2020/2021** DATE: _____

DEGREE REQUIREMENTS:

To earn a degree a student must complete the following hours:

Course Number	Course Name	HOURS
	Educational Leadership Core:	**30**
EDLD 7300	Seminar in Doctoral Studies in Executive Educational Leadership	3
EDLD 7301	Cultural Competence for Educational Leaders	3
EDLD 7302	Leadership Theory & Applications	3
EDLD 7303	Rethinking Education with Emerging Technologies	3
EDLD 7304	Organizational Behavior & Theory	3
EDLD 7307	Christian Worldview for Educational Leaders	3
EDLD 7308	Ethical Leadership & Governance	3
EDSU 7303	Public Policy in Education	3
EDSU 7310	Program Evaluation	3
EDSU 7321	District Finance, Plant Planning, and Management	3
	Research Core:	**18**
EDLR 7310	Accountability & Measurement for Current Issues in Education	3
EDLR 7311	Methods of Quantitative Educational Research	3
EDLR 7312	Qualitative Research Methodology	3
EDLR 7313	Applied Multivariate Statistics	3
EDLR 7323	Applied Research in Education	3
EDLR 7399	Dissertation Defense Preparation	3
	Special Education Leadership:	**15**
EDSP 7321	Legal Issues and Policies in Special Education	3
EDSP 7322	District and Community Relations for Special Education Leaders	3
EDSP 7323	Personnel Preparation and Collaboration in Special Education	3
EDSP 7324	Instructional Practices in Special Education	3
EDSP 7325	Field Experience in Special Education Leadership	3
	TOTAL HOURS	**63**

*EDLR 7120 Dissertation Research V-Offered if needed, but not included on original degree plan.

DEGREE REQUIREMENTS FOR GRADUATION:

No grade below B
Overall GPA of 3.00 or above
Admitted to Candidacy
Completion of Comprehensive Portfolio
Recommendation from Department
Candidate must complete degree within six years
Transfer credits from another college or university will be reviewed and approved by the college and department.

_____
ADVISOR DATE

_____
DEAN, SCHOOL OF EDUCATION DATE

I HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENTS ON THE DEGREE PLAN

_____
STUDENT SIGNATURE DATE

THIS DEGREE PLAN IS NOT VALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF THE REGISTRAR PROCESSED BY _____ DATE _____

Official Degree Plan