EDUCATIONAL SPECIALIST
EDUCATIONAL ADMINISTRATION

NAME: ___________________________ DATE: ___________________________

Email Address: ___________________ Contact Phone: ___________________

Undergraduate Degree: _______________ Date Received: _______________

Graduate Degree(s): _________________ Date Received: _______________

_________ Specialization (27 hours)
EDAD 940 Administrative Theory
EDAD 944 Seminar in Education
EDAD 955 The School Administrator and the Law
EDAD 956 School / Community Relations
EDAD 957 Public School Finance
EDAD 958 Education Facility Plan
EDAD 991 Field Study
EDAD 992 The Executive Administrator
EDAD 998 Internship

_________ Electives (6 hours) Selected with the consent of an advisor
EDAD 832 Current Issues in Education
EDAD 833 EDAD Assessment Leadership
EDAD 842P Administration in Special Education
EDAD 875 Activities Director
EDAD 895 School Improvement
EDAD 945 Independent Reading

PROGRAM CHECKLIST

___ Departmental Application Completed/Returned ___ On-line Application

___ Completed Exit Interview ___ Completed Practice Praxis II

To sign up for comps and to change in mailing address, contact number, or email address: Contact Educational Administration Department to update information.

Kayla Goodenberger email: goodenbergkj@unk.edu or call (308) 865-8512

Signature __________________________________ Date ____________