

**DEGREE PLAN OF STUDY** - The Graduate School/State University of New York New Paltz  
**M.S. in Education (Secondary 7-12)**

PLEASE PRINT CLEARLY

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\_\_\_\_\_ Last Name First Name MI Student ID

**Home Address:**

**Local Address:**

\_\_\_\_\_  
 Apartment, number and street

\_\_\_\_\_  
 Apartment, dormitory, number and street

\_\_\_\_\_  
 City/Town State Zip Code

\_\_\_\_\_  
 City/Town State Zip Code

\_\_\_\_\_  
 (Area Code) Telephone Number

\_\_\_\_\_  
 (Area Code) Telephone Number

\_\_\_\_\_  
 E-mail

Anticipated Graduation Date: \_\_\_\_\_ (MM/YY) Field: \_\_\_\_\_

COURSE #	COURSE TITLE	TRANS CR.	COMPLETED	TO TAKE
<b>Professional Education (6 Credits)</b>				
SED566	Education Across Borders and/or			
EDS580	Critical Issues in Education or			
<b>Diversity Education (3 Credits)</b>				
<b>Research Requirement (6 Credits)</b>				
SED701	Inquiry into Teaching, Learning and School Part I (3 credits)			
SED702	Inquiry into Teaching, Learning and School Part II (3 credits)			
<b>Courses in Discipline and Electives (15 Credit hours)</b>				
	Comprehensive Exam(s)/Portfolio: _____			

**TOTAL CREDITS REQUIRED TO COMPLETE DEGREE: 30 Credits**

**APPROVED TRANSFER CREDITS**

COURSE #	COURSE TITLE	NAME OF INSTITUTION	GRADE	TERM	CREDITS

\_\_\_\_\_  
 Signature: Student Date

\_\_\_\_\_  
 Signature: Liberal Arts Advisor Date

\_\_\_\_\_  
 Signature: Secondary Ed. Advisor Date

\_\_\_\_\_  
 Signature: Chair, Secondary Ed. Date

\_\_\_\_\_  
 Concurrence: Dean, The Graduate School Date