College of Graduate Studies
Degree Plan for Master of Education in Administration and Supervision, Agricultural Leadership Education Concentration

Part I – Student Information

Name: ________________________________ MTSU ID # M ________________________________

Current Mailing Address: _____________________________________________________________

City, State, Zip: _____________________________ MTSU Email Address: _____________________________

Degree Sought: __________________________ Major: __________________________

If applicable:
Concentration: __________________________ Specialization: __________________________ Minor: __________________________

Choose One: Thesis Option        Non-Thesis Option

I understand that if human or animal subjects are involved in my research (including thesis research), it is my responsibility to file a research protocol application with the Institutional Review Board (Sam H. Ingram Building, 011B) before I begin collecting data. Failure to secure this permission prior to conducting my data collection using human or animal subjects will negate the use of that data for any academic purpose including thesis.

Signature of Student __________________________________ Date ______________

Part II – Signatures and Approvals

Signatures in this area are required for approval of all degree plans.

I certify that the following program, when successfully completed, meets all coursework requirements for this degree.

__________________________________________________________ Signature ________________ Date ________________
Graduate Advisor Name (Print) __________________________

__________________________________________________________ Signature ________________ Date ________________
College of Graduate Studies Approval ________________________ Date ________________

Signatures in this area are required for approval if applicable to degree program.

This individual holds a professional license, or licensure requirements will be met by the courses listed below.

__________________________________________________________ Signature ________________ Date ________________
Teacher Licensure Office Approval (Print) ______________________

Programs that require educational component

__________________________________________________________ Signature ________________ Date ________________
Chair of Educational Leadership/Elementary Education (Print) ______________________

Minor Advisor

_____________________________ Graduate Minor Advisor (Print) ____________________________ Signature ____________________________ Date ________________
**Part III – Course Information**

List ONLY graduate-level courses to be counted toward the degree. Include those completed as well as those still to be taken to fulfill degree requirements.

Candidate must complete 33 hours in the following course of study:

<table>
<thead>
<tr>
<th>Required Courses (9 Hours)</th>
<th>Transfer Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course ID</td>
<td>Course Title</td>
</tr>
<tr>
<td>FOED 6020</td>
<td>Educational Foundations</td>
</tr>
<tr>
<td>FOED 6610</td>
<td>Analysis and Application of Educational Research</td>
</tr>
<tr>
<td>SPSE 6080</td>
<td>Studies in Leadership</td>
</tr>
</tbody>
</table>

**Concentration Core (12 Hours)**

| AGED 6010 | History of Agricultural Education | 3 |
| AGED 6020 | Principles of Agricultural Leadership | 3 |
| AGED 6030 | Theoretical Foundations of Agricultural Leadership | 3 |
| ABAS 6050 | Leadership Development in Agricultural Organizations | 3 |

**Electives (12 Hours)**

To be selected with approval of advisor.

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*Department must verify that all admission conditions(s) were or were not met:*

Department Admissions Conditions Met?  Yes _________  No _________