RHODE ISLAND COLLEGE

PLAN OF STUDY

FEINSTEIN SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT

GRADUATE STUDIES

Name ID# Date

Email Phone

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: M.Ed. in Health Education

Please submit a signed original to the Feinstein School of Education and Human Development (FSHED) Graduate Studies Office. Students should complete this form with the assistance of and approval of the Graduate Advisor. Although an applicant may be recommended for acceptance to a graduate program, the applicant cannot be considered an officially accepted degree candidate until an approved Plan of Study is on file in the FSEHD Graduate Studies Office. Changes in the Plan of Study can be made with the graduate advisor’s approval by completing the Change of Plan of Study Form.

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| --- | --- | --- | --- | --- | --- | --- |
| **Dept.** |  | **Course No.** |  | **Course Title** |  | **Credits** |
| FNED |  | 502**Or**546 |  | Social Issues in Education **Or**Contexts of Schooling |  | 34 |
| ELED |  | 510 |  | Research, Methods, Analysis and Applications (use for Comprehensive Assessment PIP) |  | 3 |
|  |  |  |  |  |  |  |
| HPE |  | 500 |  | Introduction to Health Education and Health Promotion |  | 3 |
| HPE |  | 501 |  | Curriculum Design in Health Education |  | 3 |
| HPE |  | 505 |  | Principles of Program Development in Health Education |  | 3 |
| HPE |  | 507 |  | Epidemiology and Biostatics |  | 3 |
| HPE |  | 562 |  | Seminar in Health Education |  | 3 |
| **Health Related Electives** | (Need 8 course in HPE: 5 Required and 3 Electives) |  |  |
| HPE |  |  |  |  |  | 3 |
| HPE |  |  |  |  |  | 3 |
| HPE |  |  |  |  |  | 3 |
| **Electives (3 credits)** |  |  |  |
|  |  |  |  |  |  | 3 |
| **Related Discipline Component**  |  |  |
| SPED |  | 531 |  | Universal Design for Educating All students |  | 3 |
|   |  |  |
|  |  |  |  |  **Total (36-37)** |  |  |

**Thesis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_X\_\_\_**

**Comprehensive Assessment \_\_\_ELED 510 - PIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_X\_\_\_ No \_\_\_\_\_\_**

**Courses Transferred? YES NO Total Credits Transferred**

**(If so, form attached)**

Student Date

Advisor Date

Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chairperson Date

Director of Graduate Studies Date