School of Education
University of Bridgeport
Certificate of Advanced Studies Program
Planned Program of Study

CAS
2012-2014

Name of Student: _____ **UB ID:** _____

Program Area: _____ **Cohort Class:** _____

▪**Core Courses** *Required for Certification (3 credits each/Total 21 credits)*		
Course #	**Course Name & Number of Credits**	**Semester Completed**
A. PSYCHOLOGICAL/PEDAGOGICAL *(3 credits)*		
EDLD 621	▪Evaluation of School Effectiveness – 3 credits	
B. CURRICULUM/PROGRAM MONITORING *(3 credits)*		
EDLD 651A	▪Workshop in Curriculum Development – 3 credits	
C. SCHOOL ADMINISTRATION *(6 credits)*		
EDLD 618	▪Public School Finance – 3 credits	
EDLD 619	▪School Law – 3 credits	
D. PERSONNEL EVALUATION/SUPERVISION (3 credits)		
EDLD 652	▪Supervision: Evaluation /Development – 3 credits	
E. CONTEMPORARY EDUCATIONAL PROBLEMS/POLICY MAKING *(3 credits)*		
EDLD 601	▪Introduction to Education Leadership – 3 credits	
F. INTERNSHIP (3 credits)		
EDLD 681A	▪Administrative Internship – 3 credits	
OTHER REQUIREMENTS FOR CERTIFICATION *(3 credits)*		
EDLD 664	Supervision of Programs for Students with Exceptionalities *	
Candidates who have certification in special services area may apply for waiver of this course requirement.		
SUGGESTED ELECTIVES (For candidates seeking the CAS, 6th year, diploma/3 credits each/Total 9 credits; all elective courses must be advisor approved.)		
EDLD 603	Introduction to Action Research – 3 credits	
EDLD 613	Contemporary Problems in Education Leadership – 3 credits	
EDLD 680a	Urban Education	
	Total # of Credits	30 credits

I have read this Planned Program of Study and understand the program requirements for certification. I understand that this program lists a tentative schedule that is subject to change according to university scheduling and state requirements for certification. I understand that if I wish to change my program, I will need written approval from my Advisor.

Student's Signature:

Date:

Advisor's Signature:

Date: