



# SCHOOL OF EDUCATION & HUMAN DEVELOPMENT

## Community & Social Change (CSCH\_MSED)

### Course Sequence Plan (CSP)

#### for Masters of Science in Education (MSED) Degree

**TO THE STUDENT: IMPORTANT! READ THE FOLLOWING AND SIGN WHERE INDICATED BELOW. THIS WILL ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND ALL REQUIREMENTS BELOW:**

1. You have satisfied all Admission's Conditions, *if applicable*.
2. The Master's Degree Course Sequence Plan (CSP) must be filed in the SEHD Office of Graduate Studies by the end of the first semester of enrollment.
3. Include all courses that you are required to take or this form will be returned to you to complete.
4. A [Course Substitution](#) form must be on file for all courses taken outside your approved CSP.
5. Courses are subject to availability and time/semester offered is subject to change.
6. In addition to all required coursework, students must have at least a 3.0 CUM GPA and pass the programs Comprehensive Exam or Capstone Project to qualify for graduation.

#### **CORE COURSES (18 Credits):**

#### **CREDITS**

#### **PROJECTED TERM**

EPS622 / Community Well-being and Change: Theory and Practice	3	_____
EPS623 / Development and Change in Community Organizations: Theory and Practice	3	_____
<b>EPS624</b> / Essentials of Res in the Social & Behavioral Sciences <b>or</b> <b>EPS559</b> / Research in Higher Education	3	_____
EPS625 / Program Evaluation	3	_____
EPS626 / Multicultural Communities in a Globalized Society	3	_____
EPS628 / Social Change Praxis	3	_____

#### **PRACTICUM FIELD EXPERIENCE (3-Credits):**

EPS629 / Seminar in Community and Social change	3	_____
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**ELECTIVES/COGNATE (9 Credits)** - NOTE: If electives are not specified (to be determined) when form is submitted to the Office of Graduate Studies, then you should complete a [Course Substitution](#) form when you register for the approved electives.

_____/_____	3	_____
_____/_____	3	_____
_____/_____	3	_____

**PRINT STUDENT NAME AND UM ID#:** \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE / DATE

\_\_\_\_\_  
ADVISOR SIGNATURE / DATE

