

MASTER OF ARTS
Higher Education Administration and Leadership (HEAL)
Degree Plan

Student Name: _____

ID# _____

| REQUIRED CORE: | HRS | TRANS/SUB | SEM TAKEN | GRADE |
|--|------------|------------------|------------------|--------------|
| HEAL 500 Historical and Contemporary Issues in HE | 3 | | Fall | |
| HEAL 510 Administrative and Academic Collaboration | 3 | | Fall | |
| HEAL 520 Leadership in Minority Serving Institutions | 3 | | Spring | |
| HEAL 530 Finance and Budgeting in Higher Education | 3 | | Spring | |
| HEAL 540 Leading for Student Success in MSIs | 3 | | Summer | |
| HEAL 550 Politics and Policy in Higher Education | 3 | | Summer | |
| HEAL 560 Data Analysis in Higher Education | 3 | | Fall | |
| HEAL 570 Legal Issues in Higher Education | 3 | | Fall | |
| HEAL 580 Planning, IR, and Assessment | 3 | | Spring | |
| HEAL 581 Practicum in Planning, IR, and Assessment | 2 | | Spring | |
| HEAL 590 Entrepreneurship in Higher Education | 3 | | Summer | |
| HEAL 591 Practicum in Entrepreneurship in Higher Education | 2 | | Summer | |
| HEAL 598 Portfolio I | 1 | | Spring | |
| HEAL 598 Portfolio II | 1 | | Summer | |
| PROGRAM HOURS | 36 | | | |

A maximum of six (6) semester hours may be transferred from accredited institutions. Students must complete the Petition for Transfer Form.

I have reviewed this plan with my advisor. I understand that I am responsible for completing all degree requirements, for consulting with my advisor on a regular basis, for seeking the advice of my advisor in the event I have questions about degree requirements and for securing prior approval of my advisor for any change in my degree plan.

ANTICIPATED SEM/YR GRADUATION: Summer

SIGNATURES:

STUDENT

DATE

PROGRAM DIRECTOR/ADVISOR

DATE