



HOUSTON CHRISTIAN UNIVERSITY DEGREE PROGRAM PLAN

DOCTOR OF EDUCATION (EdD) EXECUTIVE EDUCATIONAL LEADERSHIP

NAME: _____ H# _____
Last First Middle

LOCAL ADDRESS: _____
Street City/State Zip Code

DAY PHONE: _____ CELL PHONE: _____ EVENING PHONE: _____

CATALOG YEAR: **2023/2024** DATE: _____

DEGREE REQUIREMENTS:

To earn a degree a student must complete the following hours:

Course Number	Course Name	HOURS
Educational Leadership Core:		27
EDLD 7300	Seminar in Doctoral Studies in Executive Educational Leadership	3
EDLD 7301	Cultural Competence for Educational Leaders	3
EDLD 7302	Leadership Theory & Applications	3
EDLD 7303	Rethinking Education with Emerging Technologies	3
EDLD 7304	Organizational Behavior & Theory	3
EDLD 7305	Instructional Theory & School Effectiveness	3
EDLD 7306	Introduction to Academic Writing and Research	3
EDLD 7307	Christian Worldview for Educational Leaders	3
EDLD 7308	Ethical Leadership & Governance	3
Research Core:		15
EDLR 7310	Accountability & Measurement for Current Issues in Education	3
EDLR 7311	Methods of Quantitative Educational Research	3
EDLR 7312	Qualitative Research Methodology	3
EDLR 7323	Applied Research in Education	3
EDLR 7399	Dissertation Defense Preparation	3
Superintendent		21
EDSU 7303	Public Policy in Education	3
EDSU 7306	Field Experience in Executive Educational Leadership	3
EDSU 7309	Educational Law & Policy	3
EDSU 7310	Program Evaluation	3
EDSU 7320	District and Community Relations	3
EDSU 7321 or EDSU 7308	District Finance, Plant Planning and Management or Finance Principles & Practice for Christian School Leadership (Depending on public or private school employment)	3
EDSU 7322	Human Resource Management	3
TOTAL HOURS		63

*EDLR 7120 Dissertation Research V- Offered if needed, but not included on original degree plan.

DEGREE REQUIREMENTS FOR GRADUATION:

No grade below B
Overall GPA of 3.00 or above
Admitted to Candidacy
Completion of Comprehensive Portfolio
Recommendation from Department
Candidate must complete degree within six years
Transfer credits from another college or university will be reviewed and approved by the college and department.

ADVISOR _____ DATE _____

DEAN, SCHOOL OF EDUCATION _____ DATE _____

I HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENTS ON THE DEGREE PLAN

STUDENT SIGNATURE _____ DATE _____

THIS DEGREE PLAN IS NOT VALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF ACADEMIC RECORDS PROCESSED BY _____ DATE _____