

## HOUSTON CHRISTIAN UNIVERSITY DEGREE PROGRAM PLAN <u>DOCTOR OF EDUCATION (EdD)</u> <u>EXECUTIVE LEADERSHIP IN MENTAL HEALTH AND HUMAN SERVICES</u>

NAME:	H#	
Last	First Middle	
LOCAL ADDRESS:	Street City/State Zip Co	
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DAY PHONE:	CELL PHONE: EVENING PHONE:	
CATALOG YEAR: 20	023/2024 DATE:	
DEGREE REQUIREMENTS: To earn a degree a student must complete the following hours:		
Course Number	Course Name	HOURS
	Educational Leadership Core:	30
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 7306	Introduction to Academic Writing and Research	3
EDLD 7307	Christian Worldview for Educational Leaders	3
EDLD 7308	Ethical Leadership & Governance	3
EDSU 7303	Public Policy in Education	3
EDSU 7322	Human Resource Management	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
	Mental Health and Human Services	18
HSRV 7301	Mental Health and Communities	3
HSRV 7302	Program Planning and Consultation in Mental Health	3
HSRV 7303	Policies, Economics, and Services in Mental Health	3
HSRV 7304	Multicultural Issues in Mental Health	3
HSRV 7305	Community Mental Health Administration and the Law	3
HSRV 7306	Trauma and Community Crisis	3
	TOTAL HOL	JRS 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		
Canadrate 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

DATE

DEAN, SCHOOL OF EDUCATION

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 \_\_\_