

HOUSTON BAPTIST UNIVERSITY DEGREE PROGRAM PLAN
DOCTOR OF EDUCATION (EdD)
EXECUTIVE LEADERSHIP IN MENTAL HEALTH AND HUMAN SERVICES

NAME: _____ H# _____
Last First Middle

LOCAL ADDRESS: _____
Street City/State Zip Code

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

CATALOG YEAR: 2020/2021 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 7307	Christian Worldview for Educational Leaders	3
EDLD 7308	Ethical Leadership & Governance	3
EDSU 7303	Public Policy in Education	3
EDSU 7322	Human resources Management	3
Research Core:		18
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 7313	Applied Multivariate Statistics	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 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 THE REGISTRAR PROCESSED BY _____ DATE _____