INITIAL PLAN

Date: __________________

Name: ____________________________________________________________
K#: ____________________

Address: __________________________________________________________
Zip Code: ____________

Home Phone: ______________ Work: _______________ Cell: ______________ Email: ___________________

Date Completed | Courses for Principalship Certification
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___ | EDAD 5301 Behavioral and Organizational Foundations of Education (3)

___ | EDAD 5302 Elementary & Secondary Curricula (3)

___ | EDAD 5341 School Administration (3)

___ | EDAD 5344 Supervision (3) (resource course)

___ Instructional Leadership Development

___ Professional Development & Appraisal System

___ | EDAD 5343 Managing School Resources (3)

___ | EDAD 5383 Public School Law OR EDED 5322 Computer & Internet Law OR

EDSE 5313 Special Populations: Legislation, Litigation & Advocacy (3)

___ | EDAD 5307 School Administration: Advanced Problems (3)

___ | EDAD 5342 Principalship (3)

___ | EDAD 5345 Internship (3)

GRADUATE STUDIES GUIDELINES:

1. This form is required to be filed during the first 12 credit hours.
2. All “I” grades are good for no more than twelve months.
3. All course credits are subject to the seven-year limitation.
4. The graduate student is responsible for knowing the various deadlines, policies and regulations.
5. This plan becomes effective in Fall 2014.

_________________________________________  ________________________________________
(Advisor’s signature)  (Student signature)

_________________________________________  ________________________________________
(Department Chair signature)  (Certification Officer Signature)

Copies to: ____ Student   ____ Advisor   ____ Dept. Office   ____ Graduate Office   ____ Certification Office