Superintendent Certification Plan

Name: ____________________________
Student ID No: ____________________
Address: __________________________
City: ______________________________
State: _____________________________
Zip Code: __________________________
Phone Number (Work): ______________ 
(Home): __________________________

Bachelor’s Degree From: __________________________
Master’s Degree From: __________________________

List Valid Teaching Certificates:
________________________________________________________________________
________________________________________________________________________

Mid-Management Certificate Date: __________________________

COURSE WORK LEADING TOWARD SUPERINTENDENT CERTIFICATION:
________________________________________________________________________
________________________________________________________________________

REQUIRED COURSES FOR CERTIFICATION

Date Taken: ______________________
EDAD 5352 - Educational Facilities Planning
EDAD 5381 - Administration of Special Programs OR
EDAD5351 Staff and Pupil Personnel
EDAD 5384 - Adv. Problems in the Superintendancy
EDAD 5313 - School Finance
EDAD 5385 - Superintendancy Internship

Advisor Signature: ______________________
Date: _______________________________