

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 Superintendency
_____ EDAD 5313 - School Finance
_____ EDAD 5385 - Superintendency Internship

Advisor Signature: _____

Date: _____