



**Graduate Certificate in  
Educational Leadership  
Checksheets**

Name: \_\_\_\_\_ ID: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Date Entered Program: \_\_\_\_\_

<b>Required Courses</b>	<b>Credits</b>	<b>Date of Completion</b>	<b>Approved</b>
EDEL 539 Special Education Leadership in Schools	3	_____	_____
EDEL 540 Learning and Diverse Student Populations	3	_____	_____
EDEL 542 Interpersonal and Public Impact and Influence	3	_____	_____
EDEL 543 Professional Development and Supervision of School Personnel	3	_____	_____
EDEL 544 Managing School Finance and Facilities	3	_____	_____
EDEL 545 School Law and Society	3	_____	_____
EDEL 546 Educational Policy and Decision Making <i>Prerequisite: EDEL 545</i>	3	_____	_____
EDCI 551 Field Internship	3	_____	_____

**Recommended Course\***

EDEL 541 Developing, Administering, and Evaluating Curriculum	3	_____	_____
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*\* Not required, but strongly recommended for those certificate students without a master of education in curriculum and instruction.*

**Total Credits      24**

**Student's Name to appear on Certificate:** \_\_\_\_\_

**Signature of Program Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_