

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

Required Courses	Credits	Date of Completion	Approved
EDEL 539 Special Education Leadership in Schools	3	_____	_____
EDEL 540 Leadership for Learning and Diverse Student Populations	3	_____	_____
EDEL 542 Managing Schools and School-Community Relationships	3	_____	_____
EDEL 543 Professional Development and Supervision of School Personnel	3	_____	_____
EDEL 545 School Law and Society	3	_____	_____
EDEL 546 Educational Policy and Decision Making	3	_____	_____
EDEL 548 Evaluation for Instructional Improvement	3	_____	_____
EDCI 551 Internship in Educational Leadership	3	_____	_____

Recommended Course*

EDEL 541 Developing, Administering, and Evaluating Curriculum 3 _____

** Not required, but strongly recommended for those certificate students without a master's degree in curriculum and instruction.*

Total Credits 24

School Leaders Licensure Assessment score: _____

Student's Name to appear on Certificate: _____

Signature of Program Coordinator: _____ **Date:** _____