

**NORTHWESTERN OKLAHOMA STATE UNIVERSITY
CERTIFICATION ONLY PROGRAM**

EDUCATIONAL LEADERSHIP

Name: _____ Student ID #: _____

Address: _____

Phone (Home): _____ (Work): _____ Email: _____

ATTACH the following:

Other Evidence

1. _____ Evidence of master's degree: *(Transcript from issuing educational institution)* _____
2. _____ Evidence of certification: *(Copy of current teaching license)* _____
3. _____ Evidence of passing certification tests: *(Official Certification Test Results)* _____

Attach evidence to back of form.

EDUCATIONAL LEADERSHIP COURSEWORK	Sem/Year	COMMENTS:
EDUC 5010, Graduate Seminar		
EDUC 5103, Curriculum in Schools		
EDUC 5093, Curr/Inst for Special Learners		
EDUC 5703, School Personnel/Administration		
EDUC 5782, Supervision of Teaching		
EDUC 5753, Principles Public School Administration		
EDUC 5763, Public School Finance		
EDUC 5772, School and Public Relations		
EDUC 5783 Implement State/Federal Requirements		
EDUC 5500 Internship <i>(last semester)</i>		
Submit Action Research Project		

STATEMENT OF INTENT

I understand that completion of this additional coursework and requirements is for certification recommendation only and not for a second master's degree. _____ (Initial)

- I agree to abide by the regulations governing the graduate program as stated in the Graduate Catalog.

CERTIFICATION ONLY PLAN APPROVED

SIGNATURES

Student		Date: _____
Advisor		Date: _____
Director of Teacher Education		Date: _____
Graduate Studies, Associate Dean		Date: _____