

**DEPARTMENT OF EDUCATIONAL LEADERSHIP
2018 PROGRAM OF STUDY**

POST MASTER'S CERTIFICATE

Name: _____	ID#: _____
Address: _____	Telephone: Work () _____
_____ Zip: _____	Home () _____
E-mail: _____	
Admission: _____	SEMESTER: _____
BE SURE STUDENT HAS ACCEPTED ADMISSION BY RESPONDING TO GRAD SCHOOL EMAIL!	

Required Courses: 21Credit Hours

Year	Fall			Spring			Summer		
	Course Title	Credits	Grade	Course Title	Credits	Grade	Course Title	Credits	Grade
Year 1	ADMS 670:Administrative Internship I	1		ADMS 627: Enhancing and Supporting Instruction	3		ADMS 625: Leadership for Individualized Learning	3	
	ADMS 611: School Law	3		ADMS 640: HR & Fiscal Mgt	3		ADMS 618: Ldshp for Ed Chg & Improv	3	
	ADMS 633: Multiple Dimensions of Leadership	3		ADMS 671: Admin Int II	1		ADMS 675: Admin Int III	1	
							SLLA/GRADUATE		

Add'l Year if needed	Course Title	Credits	Grade	Course Title	Credits	Grade	Course Title	Credits	Grade

Child Abuse and neglect recognition and intervention training _____
 Certification or training recognition and intervention training _____
 Dyslexia training _____
 School Leaders Licensure Assessment (SLLA) _____

Graduation Application Filed _____
 Internship Applications Filed _____ Special Action Forms (date and reason):

**DEPARTMENT OF EDUCATIONAL LEADERSHIP
2018 PROGRAM OF STUDY**

POST MASTER'S CERTIFICATE

Student's Signature _____

Date _____

Advisor's Signature _____

Date _____

Department Head's Signature _____

Date _____