

**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.**

<b>EDUCATIONAL LEADERSHIP COURSEWORK</b>	<b>Sem/Year</b>	<b>COMMENTS:</b>
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: _____