

**NORTHWESTERN OKLAHOMA STATE UNIVERSITY
SUPERINTENDENT CERTIFICATION**

Name: _____ Student ID #: _____

Address: _____

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

ATTACH the following:

1. Evidence of master's degree: (transcript from issuing educational institution)
2. Evidence of certification (copy of principal certification)

Attach evidence to back of form.

SUPERINTENDENT CERTIFICATE COURSEWORK	Sem/Year	COMMENTS:
EDUC 5263 The Superintendency	<input style="width: 100%; height: 20px;" type="text"/>	
EDUC 5633 Fiscal Management	<input style="width: 100%; height: 20px;" type="text"/>	
EDUC 5643 Human Resources	<input style="width: 100%; height: 20px;" type="text"/>	
EDUC 5793 Facilities and Operations	<input style="width: 100%; height: 20px;" type="text"/>	
EDUC 5693 Superintendent Internship (last semester)	<input style="width: 100%; height: 20px;" type="text"/>	
Submit Capstone Project	<input style="width: 100%; height: 20px;" type="text"/>	

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: _____
Chair		Date: _____
Committee Member		Date: _____
Committee Member		Date: _____
Graduate Studies, Associate Dean		Date: _____