Northwestern Oklahoma State University
Superintendent Certification

Name: **Student ID #:**

Required Courses (15 hours)	**Hours**	**Semester**
EDUC 5263 The Superintendency	3	
EDUC 5633 Fiscal Management	3	
EDUC 5643 Human Resources	3	
EDUC 5793 Facilities and Operations	3	
EDUC 5693 Superintendent Internship *(last semester)*	*3*	

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

Approved: *(Original signatures required)*

Student: _____ Date: _____

Chair: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Dean of Graduate Studies,
Research, and Accountability: _____ Date: _____