

**DEPARTMENT OF EDUCATIONAL LEADERSHIP
PROGRAM OF STUDY**

POST MASTER'S CERTIFICATE

Name: _____	VID#: _____	
Address: _____	Telephone: () _____	
_____ Zip: _____)	E-mail: _____	
Admission: _____	SEMESTER: _____	BE SURE YOU HAVE ACCEPTED ADMISSION BY RESPONDING TO GRAD SCHOOL EMAIL!

Required Courses: 33 Credit Hours

Year	Fall			Spring			Summer		
	Course Title	Credits	Grade	Course Title	Credits	Grade	Course Title	Credits	Grade
Year 1	ADMS 611: School Law	3		ADMS 627: Enhancing and Supporting Instruction	3		ADMS 625: Leadership for Individualized Learning	3	
	ADMS 633: Multiple Dimensions of Leadership	3		ADMS 640: Human Resource and Fiscal Management	3		ADMS 618: Leadership for Educational Change & Impr.	3	
	ADMS 670: Administrative Internship I	1		ADMS 671: Administrative Internship II	1		ADMS 675: Admin Internship III	1	
							SLLA/GRADUATE		

Add'l Year if needed	Fall		Spring		Summer	
	Course Title	Credits	Course Title	Credits	Course Title	Credits
Year 3						

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Child Abuse and Neglect Recognition and Intervention Training _____

Emergency First Aid, CPR & AED Certification or Training _____

Behavior Intervention and Support Training _____

Dyslexia Awareness Training _____

School Leaders Licensure Assessment (SLLA) _____

Graduation Application Filed _____

Internship Applications Filed _____

Special Action Forms (date and reason):

Student's Signature _____

Date _____

Advisor's Signature _____

Date _____

Department Head's Signature _____

Date _____