



**DEPARTMENT OF EDUCATION AND EDUCATIONAL PSYCHOLOGY
 CERTIFICATE FOR INTERMEDIATE ADMINISTRATION
 AND SUPERVISION (Endorsement #092): PROGRAM OF STUDY**

NAME: _____ **STUDENT ID#:** _____ **DATE:** _____ 20____
ADDRESS: _____ **City/State:** _____ **ZIP CODE:** _____
HOME PHONE: _____ **WORK PHONE:** _____
E-MAIL: _____ **CELL #:** _____

Course No.	Name	Sem. Hr.
ED 800	Foundations of Instructional Leadership	3 S.H. _____
ED 804	Learning, Cognition, and Teaching	3 S.H. _____
ED 820	Topics in Curriculum and Instruction	3 S.H. _____
ED 805	Research and Evaluation in Education	3 S.H. _____
CCSU	Understanding the Political and Ethical Environment of School Leadership	3 S.H. _____
EDL 618		
CCSU	Leadership and Supervision in Teaching and Learning	3 S.H. _____
EDL 656		
ED 660	Internship and Seminar in Educational Leadership: Theory, Research, and Practice I	3 S.H. _____
ED 665	Internship and Seminar in Educational Leadership: Theory, Research, and Practice II	3 S.H. _____

Transfer Credits

Course # _____ Course Name _____ Date ___/___/___ 3 S.H. _____
 Institution _____ Grade _____
 Course # _____ Course Name _____ Date ___/___/___ 3 S.H. _____
 Institution _____ Grade _____
 Course # _____ Course Name _____ Date ___/___/___ 3 S.H. _____
 Institution _____ Grade _____

TOTAL: Minimum 24 S.H. _____

Changes in this schedule can be made only with the Doctoral Program Coordinator's approval. The admission requirements have been explained to me and I understand it is my obligation to read the Graduate Catalog and other documents supplied by the Program Coordinator.

Student's Signature _____ Date: _____

Coordinator's Signature _____ Date: _____