

Superintendent Licensure

Name: _____ CSU ID: _____

Address: _____ Home Phone: _____ Work Phone: _____

City/State/Zip: _____ E-Mail: _____

I. INTRODUCTION

The Levin College of Public Affairs & Education can recommend candidates who hold a master's degree, a principal or administrative specialist license and have 3 yrs of experience as a principal or administrative specialist for superintendent licensure. **Note:** Students MUST apply and be accepted to the University as Graduate Licensure for the Superintendent program PRIOR to enrolling in these courses.

<u>Course Number</u>	<u>Course Title</u>	<u>Sem. Credits</u>	<u>Term to Be Taken</u>	<input checked="" type="checkbox"/> <u>if taken</u>	<u>Comments</u>
ADM 674	Special Education Law OR	3	_____	_____	_____
ADM 677	Legal and Policy Issues in Education	4	_____	_____	_____
ADM 752	School Business Management & School Facilities	4	_____	_____	_____
ADM 811	The School Superintendency	4	_____	_____	_____
ADM 880	Internship (2 semesters, 2 credits per semester)	4	_____	_____	_____
		15-16			

PLEASE COMPLETE THE WORK EXPERIENCE VERIFICATION FORM ON THE BACK OF THIS PROGRAM OF STUDY

TOTAL HOURS (15 Semester Hours)	
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III. APPLYING FOR THE LICENSE:

All requests for a new credential must be completed on-line through the Ohio Department of Education's (ODE) website. Information regarding the on-line license application process can be found at: <http://education.ohio.gov/Topics/Teaching/Educator-Licensure>.

After visiting this website if you still have questions regarding the on-line application process, please contact the Education Advising Office at 216-687-4625. Once you have submitted your on-line license application to the ODE and payment is made, it will be forwarded to Cleveland State for review.

CLEVELAND STATE MUST HAVE ON FILE AN APPROVED PROGRAM OF STUDY AND A COMPLETED WORK EXPERIENCE VERIFICATION FORM (SEE BACK) TO APPROVE YOUR LICENSE APPLICATION. You will be notified by the ODE if you do not have a current background check on file with them.

Student _____ Date _____ Faculty Advisor _____ Date _____

Dept. Chair _____ Date _____ ESSC _____ Date _____

SUPERINTENDENT LICENSURE EXPERIENCE VERIFICATION FORM

Candidates must have a master's degree, hold a principal or administrative specialist license and have 3 yrs of experience as a principal or administrative specialist.

Name: _____ CSU ID: _____

Please state the credential(s) you hold: _____

NOTE: EMPLOYMENT HISTORY MUST INCLUDE YOUR WORK EXPERIENCE AS A PRINCIPAL OR ADMINISTRATIVE SPECIALIST.

Employment History (list most current employer first, use additional paper if needed):

Employer: _____

Position Held: _____

Grade Level(s) Served in this Position: _____

Number of Years at Position : _____

Position Start Date: _____ Position End Date: _____

Employer: _____

Position Held: _____

Grade Level(s) Served in this Position: _____

Number of Years at Position: _____

Position Start Date: _____ Position End Date: _____

Employer: _____

Position Held: _____

Grade Level(s) Served in this Position: _____

Number of Years at Position: _____

Position Start Date: _____ Position End Date: _____