

Angelo State University

College of Education

Certification Plan



Texas Superintendent Certification

Name: _____
Last First Middle/Maiden

Street: _____ City: _____ State: _____ Zip: _____

First Semester: _____ CID: _____ E-mail: _____@angelo.edu

Course	Name	Proposed Term
EDG 6348	Superintendent Internship in Education	
EDG 6948	Role of the Superintendent	

I understand that in addition to the course work, I must pass the TExES (195-Superintendent) exam and have current Texas Principal Certification to apply to become Texas Superintendent Certified.

Initial

Student Date Graduate Advisor Date

Department Head Date Dean, College of Education Date

Dean, College of Graduate Studies Date

PLEASE INITIAL EACH BOX

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I agree to follow the coursework listed above. Prior to any change, a course modification form must be filed and approved by the Graduate Advisor. Failure to do so will result in the course not applying to degree requirements.