Angelo State University
Department of Curriculum & Instruction
College of Education

Texas Principal Certification

Catalog Term:_____ Educational Site:_____

Name _____ _____ _____
Last First Middle/Maiden

Street _____ City _____ State ____ Zip ____

CID # _____ Phone (_____) _____-_____

Master's Degree:_____ Awarded by:_____
Title Institution

Email _____@_____

Course	Name	Term Completed	Grade
Specialization Courses			
CI/ED 6313	**Central Office and Business Administration**		
CI/ED 6315	**Problems of Instructional Supervision**		
CI/ED 6371	**Role of the Principal**		
CI/ED 6372	**Personnel & Fiscal Management**		
CI/ED 6373	**Educational Law**		
CI/ED 6374	**Supervision of Special Programs**		
CI/ED 6319	**Internship in School Administration**		

21 Semester Credit Hours Required SCH transferred _____ SCH To be completed at ASU _____

The candidate for Texas Principal Certification must:
(1) submit verification of appropriate experience required for certification
(2) successfully complete the TExES examination for Principal.

_____ _____ _____ _____
Student Date Faculty Advisor Date

_____ _____ _____ _____
Department Head Date Dean, College of Education Date

_____ _____
Dean, College of Graduate Studies Date