Angelo State University

Department of Curriculum and Instruction
College of Education

Texas Superintendent Certification Program

Catalog Term: Spring 2011

Name: _____ _____ _____
Last First Middle/Maiden

Street: _____ City: _____ State:_____

CID #: _____ Phone (____) _____-_____

ASU Email: _____@angelo.edu

Course	Name	Term Completed	Grade
	Specialization Courses		
CI 6383	School-Community Relationships		
CI 6384	School District Resource Management		
CI 6385	Human Relationships in Educational Administration		
CI 6386	School Plant Planning and Maintenance		
CI 6388	Superintendent Internship in Education		

15 SCH Required Total **Transfer**_____ **ASU**_____

All courses for the Superintendent Certificate must be completed in residence.

_____ _____ _____ _____
Student Date Graduate Advisor Date

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

_____ _____
Dean, College of Graduate Studies Date

03/2011

Member, Texas Tech University System