Angelo State University
Department of Curriculum & Instruction
College of Education

Texas Superintendent 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 6383	**School-Community Relationships**		
CI/ED 6384	**School District Resource Management**		
CI/ED 6385	**Human Relationships in Educational Administration**		
CI/ED 6386	**School Plant Planning and Management**		
CI/ED 6388	**Superintendent Internship in Education**		

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

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

_____ _____ _____ _____
Student Date Faculty Advisor Date

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

_____ _____
Dean, College of Graduate Studies Date