

Southwest Texas State University
Application for Superintendent Certification Practicum
EDA 6389

Instructions: Print two copies of this application form. Return one copy to the educational administration Program, room 4037 Education building, Southwest Texas State University, 601 University Drive, San Marcos, Texas 78666. Retain the second copy for your records.

1. I request approval for admission to the Superintendent Certification Practicum to be completed during the _____ - _____ academic year at _____ Independent School District.

2. I have completed the following courses in the Superintendent Certification sequence:

1. _____ 2. _____ 3. _____

3. Student information:

Name _____ Social Security # _____

Work address _____

Work phone # _____ Fax _____

Email address _____

4. On-site Mentor's name _____

Position _____ Phone _____

5. I hereby grant permission for _____ to work towards completion of the Superintendent's Certification Practicum under the supervision of Southwest Texas State University.

Signature of mentor _____ Date _____