

WESTERN CONNECTICUT STATE UNIVERSITY
Danbury, Connecticut
Department of Education and Educational Psychology
Certificate for Intermediate Administration and Supervision (Endorsement #092): Program of Study

NAME: _____ STUDENT ID#: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ PREFERRED E-MAIL: _____

Course No.	Course Name	Scheduled Semester	Sem. Hrs./Sem.Yr. Completed
	Prerequisite: Masters Degree	_____	
	Degree _____ Institution _____	Date Completed _____	
	Prerequisite: 5 Years of Full-time teaching	_____	
	Prerequisite: Special Education	_____	
_____	_____	_____	3 S.H./ _____
Course No. from transcript WCSU	Course Name _____	Date	
	Institution _____ Grade _____		
ED800	Foundations of Instructional Leadership	_____	3 S.H./ _____
ED804	Learning, Cognition, and Teaching	_____	3 S.H./ _____
ED805	Program Administration and Assessment	_____	3 S.H./ _____
ED820	Topics in Curriculum and Instruction	_____	3 S.H./ _____

CCSU

EDL618 Understanding the Political and Ethical Environment of School Leadership _____ 3 S.H./_____

EDL656 Leadership and Supervision in Teaching and Learning _____ 3 S.H./_____

WCSU

ED898 Internship _____ 2 S.H./_____

ED898 Internship Seminar _____ 2 S.H./_____

Transfer Credits

_____ 3 S.H./_____

Course No. _____
from _____
transcript _____
Institution _____ Grade _____

_____ Date _____

3 S.H./_____

Course No. _____
from _____
transcript _____
Institution _____ Grade _____

_____ Date _____

3 S.H./_____

Course No. _____
from _____
transcript _____
Institution _____ Grade _____

_____ Date _____

TOTAL Semester Hours: Minimum of 22

Changes in this schedule can be made **only** with the Doctoral Program Coordinator's approval. The admission requirements have been explained to me and I understand it is **my obligation to read the Graduate Catalog and other documents supplied by the Program Coordinator.**

Student's Signature _____ Date _____

Coordinator's Signature _____ Date _____ Revised:1/18/07; mad