

Graduate Advisor (will be assigned) _____

Murray State "M" Number: M

Name: **SELECT TITLE** _____ Date: _____

Mailing Address: _____ Last _____ First _____ Middle/Maiden _____ Work Phone: _____

_____ Home Phone: _____

E-mail Address: _____ City _____ State _____ Zip _____ Cell Phone: _____

Master's Degree Held: _____

Granting Institution: _____ Date Granted: _____

Specific Objective of Certification Program: Endorsement Kentucky School Superintendent

Certification Program:

Course Prefix & No.	Course Title	Semester Hours	Grade
ADM 739	School Superintendency	3	_____
ADM 749	School District Administration	3	_____
ADM 759	Strategic Planning in Education	3	_____
ADM 779	The Superintendency Practicum	3	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If transfer credit is included in this program (limit of 12 hours for Rank II), list the class(es) as it appears on the other school's transcript and the initials of the school at the end of the name of the class. In () at end of line list the MSU course replaced (if any).

I acknowledge that the information on this form reflects the requirements as listed on the approved program guidesheet and all requirements outlined in the *Graduate Bulletin*.

Applicant's Signature _____

Do not write below this line

A P P R O V E D	<input type="checkbox"/>	D I S A P P R O V E D	<input type="checkbox"/>	Departmental Graduate Advisor _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	Department Chair _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Graduate Coordinator _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Dean _____	Date _____

For Teacher Education Services	Processed by _____	Date _____
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