



*Educators Inspired To Lead*

**Center for Educational Leadership  
Cleveland State University**

center\_edleadership@csuohio.edu  
(216) 875-9932

### The Ohio Urban Principal Endorsement Program Application

You can type responses in this form.

#### I. Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### II. Education *(List most recent first)*

College: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

#### III. Licensure

Do you currently hold a standard Ohio principal license or certificate? YES  NO

*\*The Urban Principal Endorsement can only be added to a standard Ohio principal license or certificate.*

Are you currently a practicing school principal? YES  NO

If not, in what type of school leadership position are you employed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### IV. Current Employment

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

#### V. Program Information

*Successful completion of this graduate level program leads to the Urban Principal Endorsement that can be added to a standard Ohio principal license or certificate. The endorsement shall be valid for the same ages and grade levels as the principal's license or certificate that is held by the candidate obtaining the endorsement.*

*This approved program offered through Cleveland State University includes an extensive structured internship during which the candidates demonstrate effective urban leadership practices.*

*This competency-based leadership development program requires attendance at five (5) monthly virtual Saturday seminars along with reflection and meetings with an assessment team, who will use performance rubrics to ascertain successful standards and program completion.*

*Seminar dates will be announced at the start of the program.*

*Participants will observe, question, practice, reflect, apply, and create an implementation plan to execute in their school districts.*

**\*\*Please include a copy of your active principal's license with your application. \*\***

#### VI. Program Fee & Signature

**The Urban Principal Endorsement Program cost is \$3,250.**

**Please indicate to whom the program cost should be invoiced:**

I (the student) will sponsor myself. Please invoice me for the full program cost at the address in Section I.

The organization listed below will be sponsoring me. Please send the invoice to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

Suite/Unit #

City

State

ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I certify that my answers are true and complete to the best of my knowledge.**

Student  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email completed applications to [center\\_edleadership@csuohio.edu](mailto:center_edleadership@csuohio.edu).**

Questions? Email the Center at the address above.