CSU Levin

Superintendent Licensure				
Name:		CSU ID:		
Address:		Home Phone:	Work Phone:	
City/State/Zip:		E-Mail:		
I. INTRODU	JCTION			
administr licensure	n College of Public Affairs & Education can rative specialist license and have 3 yrs of e.e. <b>Note:</b> Students MUST apply and be acception PRIOR to enrolling in these courses.	xperience as a principal or administrat	ive specialist for superintendent	
Course <u>Number</u>	Course Title	<u>Sem.</u> Credits Term to Be Taken	if taken Comments	
ADM 774	Special Education Law for the Superintendency	3	_	
ADM 752 ADM 811	School Business Management & School Facilities The School Superintendency	4 4		
ADM 880	Internship (2 semesters, 2 credits per semester)	<u>4</u> 15	<del></del>	
	PLEASE COMPLETE THE WORK EXPERIENC		THIS PROGRAM OF STUDY  OTAL HOURS (15 Semester Hours)	
III. APPLYIN	NG FOR THE LICENSE:			
Information After visit Office at 2	sts for a new credential must be completed on regarding the on-line license application this website if you still have questions 216-687-4625. Once you have submitted rwarded to Cleveland State for review.	on process can be found at https://s s regarding the on-line application p	poe.ohio.gov/educator-licensure. rocess, please contact the Advising	
Student	Date	Faculty Advisor	Date	
	Date	. 222,	- 410	
		LSSC	Date	

## SUPERINTENDENT LICENSURE EXPERIENCE VERIFICATION FORM

Candidates must have a master's degree, hold a principal or administrative specialist license and have 3 yrs of experience as a
principal or administrative specialist.
Name: CSU ID:
Please state the credential(s) you hold:
NOTE: EMPLOYMENT HISTORY MUST INCLUDE YOUR WORK EXPERIENCE AS A PRINCIPAL OR ADMINISTRATIV SPECIALIST.
Employment History (list most current employer first, use additional paper if needed):
Employer:
Position Held:
Grade Level(s) Served in this Position:
Number of Years at Position :
Position Start Date: Position End Date:
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Employer:
Position Held:
Grade Level(s) Served in this Position:
Number of Years at Position:
Position Start Date: Position End Date:
******************
Employer:
Position Held:
Grade Level(s) Served in this Position:
Number of Years at Position:
Position Start Date: Position End Date: