

## **UNIVERSITY OF WEST GEORGIA**

## Certification Only –Tier II Educational Leadership Program Sheet

Name:	Student #		
Home Address:			
District/Agency:E-mail:_			
School/Department:			
Supervising Administrator Name and Certificate Number:			
Present Certification (Field and Level):			
resent certification (Field and Level).			
PLAN OF STUDY	Hours	Gr	Semester Planned (Utilize the Course Projection to create plan of study)
I. Performance-Based Residency Lab	9		
EDLE 8301 Leadership Residency Lab I	3		
EDLE 8302 Leadership Residency Lab II	3		
EDLE 8303 Leadership Residency Lab III	3		
II. Performance-Based Residency Courses	12		
EDLE 8304 Leadership for Organizational Change and Improvement	3		
EDLE 8305 Effective Management to Promote Student Learning	3		
EDLE 8306 Instructional Leadership for Improving Schools	3		
EDLE 8329 Leadership for Equity and Excellence	3		
Total Program	21		
<ol> <li>Regular admission requires Tier I Certification (or a Ga PSC issued Profess)</li> <li>Candidates must be employed in a leadership position as defined by the position refers to those positions requiring leadership certification as det salary schedule.</li> <li>Candidates must complete Residency Lab courses EDLE 8301, 8302, and 84.</li> <li>Candidates must pass the Georgia Educational Leadership Performance A Application for certification should be submitted at the completion of the Candidates must achieve a GPA of 3.0 or higher by the end of the program CANDIDATE SIGNATURE:</li> </ol>	Ga PSC. A termined l 3303 in sec ssessmen e program n to be re	s defi by the quen- t to b to th comr	ned in 505-377, the term leadership e Ga PSC for placement on the state ce. se eligible for certification. e Ga PSC. nended for certification.
ADVISOR SIGNATURE:			Date:

LEADERSHIP, RESEARCH, AND SCHOOL IMPROVEMENT

DEPARTMENT CHAIR SIGNATURE: \_\_\_\_\_\_Date: \_\_\_\_\_