



**I. APPLICANT INFORMATION** Completed by Applicant

Legal Name First	Middle Int.	Last	SSN Last 4 Digits Only
Home Address <i>Street, Box, City, State, Zip</i>		Email Address	Telephone Area/No.
Name and Location of Institution		Degree Earned	Date of Graduation <i>Mo./Year</i>

Administrator License(s) Requested

**II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES** Completed by Educator Preparation Program and Returned to Applicant

1. Did the applicant complete your institution's state-approved program leading to an administrator license? Complete both Section 1a and 1b.

a.  YES, Identify below administrator license(s) for which applicant qualifies in your state.

License Area	Position	Grade/Development Level	Program Completion Date (MM/DD/YR)
Administrator			
Administrator			
Administrator			

**II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES** *Completed by Educator Preparation Program and Returned to Applicant (cont'd)*

NO,  
Explain: \_\_\_\_\_

b.Type of  
Program:

Traditional IHE       IHE Based Alternative Route       Other Alternative Route

2. **The license(s)** recommended in question 1 (above) is based on completion of a:

Graduate program in: \_\_\_\_\_  
Degree Awarded If \_\_\_\_\_ Conferred \_\_\_\_\_

3. **Supervised Field Experiences Practicum**

Position	School/District	Grades

4. **GPA Requirement** *Candidates who have a GPA in their license area of 3.0 or higher on a 4.0 scale may be excused from required content tests.*

Yes—The educator met the required GPA of 3.0 or higher in the licensure area(s).

GPA

No—The educator did not meet the required GPA of 3.0 or higher

5. **Testing**—Did the applicant meet your state’s passing scores for licensure on a:

a. Standardized test in all areas of licensure listed in question 1 above?

Yes

**If yes, List test number and name, score, and date below.**

No

Test Number and Name	Score	Test Date MM/DD/YR

**II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES** *Completed by Educator Preparation Program and Returned to Applicant* (cont'd)

<input type="checkbox"/> Test Not Required	Test Number and Name	Score	Test Date MM/DD/YR
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**I, THE CERTIFYING OFFICER, CONFIRM** that the education and testing information provided above is accurate and that the applicant is eligible for licensure in our state on the basis of having completed our state-approved program:

Signature of Certifying Officer	Name <i>Type or Print Legibly</i>	Date Signed <i>Mo./Day/Yr.</i>
➤		
Institution Name	City/State	Telephone <i>Area/No.</i>
E-Mail Address		Fax <i>Area/No.</i>