

Department of Teacher Education and Leadership

Application Doctor of Education in Educational Leadership (with a) Concentration in Curriculum and Instruction

Please submit a copy of the application with all supporting documentation. Incomplete applications will not be considered. The completed application should be included as a part of the portfolio and submitted to:

Dr. Tommye Henderson Coordinator, Doctor of Education Program, C & I Mississippi College P. O. Box 4009 Clinton, MS 39058

Last Name	First Name	Middle Initial	Middle Initial		
Mailing Address	City	State	ZIP		
() Day Phone	()Cell Phone	() Evening			
E-mail address(es)					

All Colleges and Universities Attended

College/University	Major	Degree Completed	Date
Graduate			
Undergraduate			

Educational Experience

Begin with your **current** or most recent position. Please attach documentation of educational experience.

Position	Employer	Address	Dates of Employment
Attach additional	pages as needed.		

Leadership Experience

Please attach documentation of leadership experience. (Examples of leadership experience are supervisor, principal, and lead teacher.)

Position	Employer	Address	Dates	
Attach additional pa	ages as needed.			
Signature		Date		

References

The following reference form should be given to **three** professionals who can evaluate your potential for success as an educational leader. **Each referral must be returned by the individual completing the form**. Please inform your references that your application process will not be complete until all forms are returned. Forms should be returned to:

Dr. Tommye Henderson Coordinator, Doctor of Education Program, C & I Mississippi College P. O. Box 4009 Clinton, MS 39058

(see Form Below)



Department of Teacher Education and Leadership

RECOMMENDATION FORM Doctor of Education in Curriculum and Instruction

Section I: To be completed by applicant

Name of Applicant

_____ (___)____ Phone Number

In accordance with the Family Educational Rights and Privacy Act of 1974, materials in students' files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

Waiver: I,	, waive the right of personal access to
references.	

Signature_____ Date _____

Non-Waiver: I, _____, *do not waive* the right of personal access to references.

Signature_____ Date _____

Section II: To be completed by the recommender

Please rate the applicant listed above on the following skills and dispositions related to his/her potential for success in pursuing the Doctor of Education in Educational Leadership.

	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good Top 25%)	Above Average (Top 50%)	Below Average (Below 25%)	Unable to Comment
Intellectual Ability for Graduate Work						
Leadership Skills						
Problem-Solving Skills						
Collaborative Skills						
Written English Expression Skills Oral English						
Expression Skills Ability to Work Independently						
Ability to Accept Criticism						
Ethical Conduct						

Overall Potential for Graduate Study					
In the space provid respect to advance					
to this form.		us speenie us p	, , , , , , , , , , , , , , , , , , ,	· protor, prouse	
I have known the a	pplicant for	years in my	capacity as _		 _·
Recommender's N	ame	Po	sition or Title	;	
Institution		Te	elephone Num	lber	
Address		 	Email		
Signature		 D	late		
Please return the co	ompleted recomm	endation to:			
Dr. Tommye Hend	lerson				
Coordinator, Docto		ogram, C & I			
Mississippi Colleg	e				
Box 4009 Clinton MS 20059)				
Clinton, MS 39058)				