**APPLICATION TO RECEIVE THE GRADUATE CERTIFICATE IN EDUCATIONAL LEADERSHIP**

**FOR INDEPENDENT SCHOOLS**

**MISSISSIPPI COLLEGE SCHOOL OF EDUCATION**

**BOX 4009**

**CLINTON, MS 39058**

The Graduate Certificate Program in Educational Leadership for Independent Schools is a 21-credit-hour certificate program available to students who have earned the baccalaureate degree. All 21 hours must be completed at Mississippi College.

**Instructions:** Please complete this form and return it to the Department of Education.

**Semester you are completing certificate requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name** (to appear on certificate):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City State Zip

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bachelor’s Degree Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Degree/Major University Date

**List all courses used to fulfill certificate requirements.**

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| --- | --- | --- | --- | --- |
| **Course** **Number** | **Course Title** | **Semester**  | **Grade** | **Hours Earned**(TR/Sub/IP) |
| EDU 6516 | Principles of Educational Leadership |  |  |  |
| EDU 6543 | Technology & Curriculum Development |  |  |  |
| EDU 6544 | Organizational Finance |  |  |  |
| EDU 6546 | Private Independent School Administration, Leadership, Res. I |  |  |  |
| EDU 6547 | Private Independent School Administration, Leadership, Res. II |  |  |  |
| EDU 6580 | School Law and Governance |  |  |  |
| EDU 6582 | Special Topics in Independent School Administration |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advisor’s Signature** (confirming completion):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit to the Office of the Registrar for verification and posting of the certificate upon completion.