Whitlowe R. Green College of Education
Department of Educational Leadership and Counseling

Certifying Document for Finisher- **SUPERINTENDENCY # 064/#195**

Semester: □ Fall 2010 □ Spring 2011 □ Summer 2011

Candidate Name: _____ **Candidate PV ID**:_____
TEA ID: _____
Telephone Number: _____ **Email:** _____

Candidate Race/Ethnicity: □ African American □ White □ Hispanic □ Other

Candidate Gender: □ Female □ Male

Finisher Requirements

1. Principal Certification Deficiency Plan :
   a. Years of administration experience (must be 3 or more): _____
   b. Principal Certificate: □ Yes □ No
   c. Master's Degree: □ Yes □ No
2. Successfully completed all course requirements:
   (No courses older than 10 years)
3. Five required certification courses (EDUL 7093, 7243, 7263 □ Yes □ No
   7293, 7313) or (ADMN 5013, 5063, 5113, 5123, 5513)

   No grade of "C" or below will be accepted in any required coursework for certification.

   a. Date completed 6-hr minimum mandatory review: _____
   b. Completed Electronic Practice Licensure test: □ Yes □ No
   c. Score on Representative test (90% or greater): _____

4. Criminal Background check on file □ Yes □ No

4. Documentation/verification is attached: □ Yes □ No

Signature of Advisor: _____ Date: _____

Coordinator: Dr. Arthur Petterway _____Date: _____

Department Head Signature: _____Date: _____

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Processed by: _____ Date: _____
Processed by: _____ Date: _____

Eligibility Approval code: Eligible (0) ____ Approved (1) ____ Approved Until Removed (2) ____

Denied (3) _____ Non-completer ____ 1st Time Taker ____ Repeat in Window ____