

**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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Master's Degree:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Successfully completed all course requirements: (No courses older than 10 years)	
3. Five required certification courses (EDUL 7093, 7243, 7263 7293, 7313) or (ADMN 5013, 5063, 5113, 5123, 5513)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>No grade of "C" or below will be accepted in any required coursework for certification.</i>	
a. Date completed 6-hr minimum mandatory review: _____	
b. Completed Electronic Practice Licensure test:	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Score on Representative test (90% or greater): _____	
4. Criminal Background check on file	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Documentation/verification is attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Advisor: _____ **Date:** _____

Coordinator: Dr. Arthur Petterway _____ **Date:** _____

Department Head Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Processed by: _____	Date: _____		
Processed by: _____	Date: _____		
Eligibility Approval code: Eligible (0) _____	Approved (1) _____	Approved Until Removed (2) _____	
Denied (3) _____	Non-completer _____	1 st Time Taker _____	Repeat in Window _____