



**Delineation of Program Transition Points – School Principal Level 2**

| <b>Transition 4: Admission to School Principal Level 2</b>   |  |                     |  |
|--|--|---------------------|--|
| <b>Data Reviewed</b>   | <b>Minimal Criteria for Admission</b>  | <b>Review Cycle</b> | <b>Reviewed by</b>   |
| <ul style="list-style-type: none"> <li>Admission Application</li> <li>Transcript Record</li> <li>GPA</li> <li>Teaching Certificate</li> <li>Offer of Employment</li> </ul> | <ul style="list-style-type: none"> <li>Completed graduate application</li> <li>Professional teaching certificate</li> <li>3.0 or higher GPA</li> <li>Verified Offer of Employment</li> </ul> | Fall and Spring     | <ul style="list-style-type: none"> <li>Graduate Studies and Research</li> <li>Department Faculty</li> </ul>            |
| <b>Transition 5: Program Exit</b>  |  |                     |  |
| <ul style="list-style-type: none"> <li>GPA</li> <li>Completion of all Coursework</li> </ul>  | <ul style="list-style-type: none"> <li>3.0+/PASS for all required courses</li> </ul>   | Each Semester       | <ul style="list-style-type: none"> <li>Department Faculty</li> <li>Office of Professional Educator Services</li> </ul> |

**Recommendation for Certification:**

- Candidates must complete all Level 1 and Level 2 program requirements, including the 9 hours of coursework, to be recommended for Level 2 Certification (KP2).

**EPSB Disclaimer:** Certification requirements are subject to change. Before registering for the test(s), please refer to the Education Professional Standards Board (EPSB) website at [www.epsb.ky.gov](http://www.epsb.ky.gov) for current requirements or contact the EPSB at 502-564-4606 or toll free 888-598-7667.

By signing below, the candidate ensures that he or she has been advised of, understands, and agrees to adhere to all program requirements, including assessment requirements, of the program.

**Candidate Name (printed):**

**Education Advisor's Signature/Date:**

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

**Candidate Signature/Date:**

**Specialization Advisor's Signature/Date (if needed):**

\_\_\_\_\_

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Signature

Date

Signature

Date

**\*\*END OF CURRICULUM CONTRACT\*\***