

Professional Certificate for School Principal (All Grades) Level 2 School Principal Certification Only (KP2) (Alternative Route - Option 6)

(EPSB# 3072 WKU# 131)

(Certification Only. This program does not lead to a degree)

| Last, | First Mido | lle | WKU ID Number | | |
|-------|---|-------------------|--------------------|--------|--|
| Stree | t | | Home Phone Number | | |
| City | State | Zip Code | E-mail Address | | |
| | <u>WESTERN KENTL</u> | ICKY UNIVERSITY C | URRICULUM CONTRACT | | |
| [| Professional Certificate for Instructional Leadership, School Principal Level 2 (All Grades) | | | | |
| ĺ | | Level 2 | | 9 hrs | |
| | (eligible for KP2 upon completion) EDAD 694 Seminar in Educational Adm Advisor Approved Electives | ninistration | | 3 6 | |

| Transition 4: Admission to School Principal Level 2 | | | | | |
|--|--|-----------------|--|--|--|
| Data Reviewed | Minimal Criteria for Admission | Review Cycle | Reviewed by | | |
| Admission Application Transcript Record GPA Teaching Certificate Offer of Employment | Completed graduate application Professional teaching certificate 3.0 or higher GPA Verified Offer of Employment | Fall and Spring | Graduate Studies and Research Department Faculty | | |
| Transition 5: Program Exit | | | | | |
| GPA Completion of all Coursework | • 3.0+/PASS for all required courses | Each Semester | Department Faculty Office of Professional Educator Services | | |

Delineation of Program Transition Points – School Principal Level 2

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 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

Signature

Date

Candidate Signature/Date:

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

Signature

Date

END OF CURRICULUM CONTRACT

Date