

CURRICULUM CONTRACT Professional Certificate for Supervisor of Instruction Supervisor of Instruction Level 2 Certification Only (WKU# 131 EPSB# 3068)

These programs do not lead to a degree.

Last,	First	Middle		WKU ID Number	
Street				Home Phone Number	
City	St	ate	Zip Code	E-mail Address	
Specific deg	gree and certifica	tion requirements	with advisement sl	neets attached.	

WESTERN KENTUCKY UNIVERSITY --- CURRICULUM CONTRACT

Professional Certificate for Supervisor of Instruction	
Level II Certification Only	9 hrs
(eligible for ILV2 upon completion)	
EDAD 694 Seminar in Education Administration	3
Advisor-approved electives	6

Delineation of Program Transition Points – Supervisor of Instruction Certification Only Level II

Transition I: Admission to Program					
Data Reviewed	Minimal Criteria for Admission	Review Cycle	Reviewed by		
 Transcript Record GPA Degrees Teaching Certificate SOI Level I Program 	 Master's Degree or Rank 2 Professional teaching certificate 3.0 or higher GPA Successful completion of SOI Level 1 Program 	Fall, Spring, and Summer	 Graduate Studies and Research Department Faculty 		
	Transition 2: Midpoint Formative Assess	ments			
• GPA	 3.0+ GPA 3.0+/PASS for all required courses 	Each semester	Department faculty Office of Professional Educator Services		
	Transition 3: Program Completion		·		
GPATranscript	 3.0+ GPA 3.0+/PASS for all required courses 	Each semester	 Department faculty Office of Professional Educator Services 		

Recommendation for Certification:

• Candidates must complete all Level II program requirements, including the 9 hours of coursework to be recommended for Level II Certification (ILV2).

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	(nrinted)	•
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Education Advisor's Signature/Date:

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