

Henderson State University
 Graduate School
 Program of Study District Level Leader
 To be completed by Candidate and Advisor or Coordinator of Ed Leadership
prior to beginning coursework or before completion of six hours.

To: Dean of Graduate School Date: _____

From: _____ HSU ID # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Date Admitted to Program _____ Date of SLLA _____

Requirements for the POS include a minimum of 24 hours, a Master’s degree, and an administrative license. The culminating experience for all programs will be a Portfolio presentation to program faculty. HSU reserves the right to modify policies and programs of study by supplying candidates written notice of change.

M.S./M.S.E. (or equivalent required): Institution _____

Degree _____ Date Awarded _____

BY TRANSFER: All transfer work must be completed within the last ten (10) years and course artifacts from transferred courses which are aligned to NELP/ELCC standards must be included in Portfolio Defense/Exit Interview. An official transcript from school of origin for transfer work is required in the graduate office to document coursework. Identify course, institution and grade where substituted.

REQUIRED COURSES FOR PROGRAM OF STUDY FOR DISTRICT LEVEL LICENSE

CORE COURSES

Course	Course Name	Grade	Date Completed	Date to be Taken
EDL 7113	Executive Leadership			
EDL 7123	Facilities Management			
EDL 7723	Technology for Dist. Administrators			
EDL 7363	Governance & Politics			
EDL 7473	Leadership in Curriculum and Instruction			
EDL 7593	Fiscal Resources & Accountability			
EDL 7233	Educational Specialist Research			
EDL 7613	Mentorship in Educational Leadership			
24 CORE HOURS				

Superintendency Licensure **2021**

Projected completion of minimum of 217 internship hours: _____

Projected Date for SSA – School Superintendent Assessment: _____
Candidates should check with HSU licensure officer regarding SSA and requirements for licensure.

Proposed Date of Portfolio Defense/Exit Interview: _____

Candidate Signature

Date

APPROVED:

Signature of Advisor

Date Approved

Signature of EDL Chair

Date Approved

Signature of Dean of Graduate School Dean

Date Approved