OSU Checksheet for Alternative Certification and Recommendation for Principal (Elementary, Middle Level, Secondary)

(Completion of these requirements DOES NOT result in completion of a degree)

Last: ___________________________ First: ___________________________ MI ______ CWID # ___________________________

Address: ____________________________________________________________ Street

City ___________________________ State ___________________________ Zipcode ___________________________

Phone: ___________________________ Email: ___________________________

Prerequisites

_____ Completed a minimum of two (2) years classroom teaching experience.

_____ Hold a Master’s Degree

_____ Transcript Evaluation by program faculty

Requirements for Certification

_____ Complete the Application for Admission to OSU’s Professional Education: http://tinyurl.com/osuprofedapp (beginning of Alt Cert program)

_____ Gain and retain full admission to OSU’s Professional Education (http://www.okstate.edu/peu)

_____ Maintain Graduate College Academic Standing Minimum Grade Requirements (see current OSU Catalog)

_____ Successfully complete the Professional Portfolio*

_____ Submit a copy of all transcripts (undergraduate and graduate) to 325 Willard

_____ Pass the Principal Oklahoma Subject Area Test: sign up at http://www.ceoe.nesinc.com

_____ Hold an OSU Master of Science in Educational Leadership Studies emphasizing School Administration (includes coursework listed below) OR

_____ Hold a Master’s degree from an accredited institution and complete the following coursework/standards

Course Requirements

ALTERNATIVE (Course/Experience)

_____ Leadership Theory and Ethical Decision Making: EDLE 5813*

_____ Developing Educational Organizations: EDLE 5953

_____ The Principalship: EDLE 5253

_____ Education Law: EDLE 5723

_____ School Finance: EDLE 5323

_____ Supervision of Instruction: EDLE 5473

_____ Field Studies Internship I: EDLE 5800 (3 credit hours)

_____ Field Studies Internship II: EDLE 5893

_____ Total Hours Required

SIGNATURES:

Student ___________________________ Date ___________ EDLE Program Representative ___________________________ Date ___________

Completion Verification: ________________________________________________________________ completed all requirements on: ___________________________ Student Name ___________________________ Date ___________________________

EDLE Faculty Signature: _________________________________________________________________

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