OSU Checksheet for Alternative Certification and Recommendation for Superintendent (School District Leader) (Completion of these requirements <u>DOES NOT</u> result in completion of a degree)

| LAST | FIRST | MI | CWID # | | <u> </u> |
|--|--|------|--------|---------|----------|
| | | | | | |
| ADDRESS: Street | C | ity | State | Zipcode | |
| TELEPHONE: | Email: | | | | _ |
| Prerequisites Hold a Master's Have two (2) yo Transcript Eval | ears (minimum) administrative experie | ence | | | |
| Maintain Gradus Successfully cor Pass the Certific Hold an OSU M | oplication for Professional Education: | | | | |