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

_____ Hold a valid Oklahoma standard classroom teaching certificate.

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

_____ Hold a Master’s Degree

_____ Transcript Evaluation

Requirements for Certification

_____ Complete the PEU Application: http://tinyurl.com/osuprofedapp (beginning of Alt Cert program)

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

_____ Successfully complete the Professional Portfolio* Submission:

 _____ Prior to September, 2015, candidates must successfully complete Principal Common Core AND

 _____ Pass appropriate Principal Oklahoma Subject Area Test: ______ Elementary ______ Middle Level ______ Secondary

_____ Beginning September, 2015, - Pass appropriate Principal Oklahoma Subject Area Test: ______ Elementary

 _____ ______ Middle Level ______ Secondary

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

_____ Hold a Master’s degree in 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 5883

_____ 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: ________________________________________________

Rev.5.8.17