

**Western Illinois University
College of Educational and Human Services
Department of Educational Studies**

**Applicant for Admission to Candidacy
Superintendent Licensure, EdS in Educational Leadership & EdD in Educational Leadership**

Name	Date
Home Address	
Cell Phone	Work Phone
Work Address	
Preferred Email	
WIU ID No. (if known)	
Current Position	

I am interested in (please check one):

- Superintendent licensure only
- EdS in Educational Leadership only
- Superintendent licensure and the EdD in Educational Leadership
- Superintendent licensure and EdS in Educational Leadership
- EdD only

Academic and Professional Objectives

Describe your position objective (superintendent, curriculum director, school business manager, special education director, etc.)

Education (List all colleges and universities attended, in reverse chronological order. Attach a separate sheet if necessary).

Institution	Dates	Degree	Major

Date of Basic Skills Test (e.g. TAP 400) _____

Administrative and Teaching Licenses/Certificates: Please include/attach a copy of your with your application

Administrative License(s) _____

Teaching License(s) _____

Verification of Administrative Experience

This applicant has had two-years full-time administrative or supervisory experience.

Name of Supervisor (Please print)

Signature of Supervisor/Date

Work Experience

List full-time positions held in education and other fields, including military service. List current position first and then use reverse chronological order. Attach a separate sheet if necessary.

Position	Position	Dates	Name & Title of Immediate Supervisor

Recommendations

List the names of three persons (current or former administrators and supervisors who can provide an appraisal of your personal and professional competence and your potential for district-level leadership. One of the name listed here should be the person whom you've requested complete the program recommendation form. *You do not need to get traditional letters of application from the references listed below.*

Name	Title	Relationship

I understand that I am required to provide my own transportation to and from field experiences, field trips as a part of class activities, and my internship experiences. I attest that when using my personal auto, I am covered by valid auto insurance that provides at least the limits of coverage statutorily required to legally operate my vehicle in Illinois and all other jurisdictions in which I travel.

Signature

Date

Please return completed application to:

Educational Leadership Program Coordinator
Horrabin Hall 115
Western Illinois University
1 University Circle
Macomb, IL 61455

FAX: 309-298-2222

Additional Materials:

- A copy of your resume/vita
- GRE scores (not required for superintendent licensure; EdD only)