

Graduate Certificate in School Leadership (GCSL) for

**SCHOOL ADMINISTRATOR – PRINCIPAL**

Advising Guide for GLO (GRTC) with DPI code 012 and ASU Major Code 473A

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 Candidate Name BIN Major Code

 Total 24

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| --- | --- | --- | --- | --- | --- | --- |
| **R-Required****W-waived\*** | **Semester****Taken** | **Grade in****Course** | **Institution** | **Course number** | **Course Name** | **Credits** |
| R |  |  | ASU | LSA 5030  | The Principalship  | 3 |
| R |  |  | ASU | LSA 5900LSA 5910 | School Admin. & Supervision Intern/Pract. ORSchool-based Action Research Lead. Evid. | 3 |
| R |  |  | ASU | LSA 5900LSA 5910 | School Admin. & Supervision Intern/Pract. ORSchool-based Action Research Lead. Evid. | 3 |
| R |  |  | ASU | LSA 5400 | Developing and Managing Resources in Schools | 3 |
| R |  |  | ASU | RES 5070 | School-Based Evaluation & School Improvement Planning | 3 |
| R |  |  | ASU | LSA 5820 | Theory & Development in Educational Orgs. | 3 |
| R |  |  | ASU | LSA 5600  | School Law | 3 |
| R |  |  | ASU | RES 5080 | Data-Driven School Leadership  | 3 |

The advisor in consultation with the student will indicate which of the courses below are required, and, if any are waived, the advisor will indicate the course used to substitute for the requirement as well as semester taken grade and institution at which the course was taken. The candidate and Advisor will sign the proposed Plan of Study. The program director will co-sign the plan making it the contract between the advisor and the student. Upon completion of the program, the advisor will forward this document, with the Chair’s endorsement, to the administrative assistant along with other documents required for processing. Other documents required include the NC-DPI forms V and A, an official transcript, and check, money order, or credit card authorization.

PRAXIS Scores

Test #: NONE REQUIRED

Other Requirement notes:

e-Portfolio Assessment

\_\_\_\_\_ passed

\_\_\_\_\_not passed

Competency Statement

\_\_\_\_\_ Included in packet

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 Candidate Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Advisor Date

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 Program Coordinator confirms accuracy of the Plan of Study Date

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 Chair signature confirms that the add-on program is complete Date