



**LEADERSHIP, RESEARCH,  
AND SCHOOL IMPROVEMENT**

COLLEGE OF EDUCATION

*Innovation in Teaching, Leadership, and Wellness*

**Department of Leadership, Research, and School Improvement  
Educational Leadership  
School System Approval Form**

**To the Applicant: Complete Part A, including your signature.**

**To the Superintendent (or approved designee): Please Verify and sign in Part B.**

**PART A**

**Applicant's Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Pref. \_\_\_\_\_

Last 4-digits of SSN or UWG Student I.D. Number \_\_\_\_\_

Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

School System \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Leadership Position Currently Held \_\_\_\_\_

Does the school system have partnership agreement with the University of West Georgia? \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

**PART B**

The above student has my permission to enter the Educational Leadership program at the University of West Georgia and the system will participate in the program as outlined in the partnership agreement.

\_\_\_\_\_  
Signature of Principal for School-Based Applicant  
Or signature of Supervisor for Central Office

\_\_\_\_\_  
Print the name of Principal or Supervisor for  
Central Office

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Print the name of Superintendent or Designee