

**Certification Only – PL6  
Educational Leadership Program Sheet**

Name: \_\_\_\_\_ UWG Student # \_\_\_\_\_

Home Address: \_\_\_\_\_

District/Agency: \_\_\_\_\_ E-mail: \_\_\_\_\_

School/Department: \_\_\_\_\_ Supervising Administrator: \_\_\_\_\_

Present Certification (Field and Level): \_\_\_\_\_

<u>Admission Requirements</u> _____ Date Admitted _____ Residency Cohort (Number) _____ Advising Professor (Name)	N/A _____ _____	<u>Completion Requirements</u> _____ Graduation Forms _____ Portfolio Review/Capstone _____ GACE (Following Residency II)
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PLAN OF STUDY	Hrs	Gr	Semester Planned	Transfer/ Sub
<b>PSC Pre-Service Leadership Requirements or Leadership Degree</b>	<b>6</b>			
EDLE 6316 School Law and Ethics	3			
EDLE 6312 Principles of Leadership	3			
<b>I. Leadership Core Content</b>	<b>6</b>			
EDLE 8312 (School Finance & Resource Mgt); EDLE 8324 (Ethical Leadership); EDLE 8329 (Leadership For Diversity); (Take any two of these)	3 3			
<b>II. Performance-Based Residency Lab</b>	<b>9</b>			
EDLE 8301 Leadership Residency Lab I	3			
EDLE 8302 Leadership Residency Lab II	3			
EDLE 8303 Leadership Residency Lab III	3			
<b>III. Performance-Based Residency Courses</b>	<b>9</b>			
EDLE 8304 Leadership for Organizational Change	3			
EDLE 8305 Effective Management to Promote Student Learning	3			
EDLE 8306 Instructional Leadership for Improving Schools	3			
<b>Total Program</b>	<b>24</b>			

**PROGRAM NOTES**

1. Regular admission requires a Leadership degree OR completion of PSC Pre-Service Requirements.
2. Candidates must serve in a leadership role or position at either the school building or system level that will enable the candidate to fully meet residency lab requirements. (GAPSC Rule 505.3.58)
3. Candidates must complete Residency Lab courses EDLE 8301, 8302, and 8303 in sequence.
4. Application for certification should be submitted at the completion of the program to the Certification Official in the Dean's Office, College of Education.

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

ADVISOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT CHAIR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_