



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