

**Educational Specialist Degree with Certification  
Educational Leadership Program Sheet**

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

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

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

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

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

_____ <u>Admission Requirements</u>	_____ <u>Completion Requirements</u>
_____ Date Admitted: Provisional Admission	_____ Graduation Forms
_____ Date Admitted: Regular Admission	_____ Portfolio Review/Capstone
_____ Advising Professor Assigned	_____ GACE

<b>PLAN OF STUDY</b>	<b>Hrs</b>	<b>Gr</b>	<b>Semester Planned</b>	<b>Transfer/Sub</b>
<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>9</b>			
EDLE 8312 School Finance and Resource Management	3			
EDLE 8324 Ethics in Educational Leadership	3			
EDLE 8329 School Leadership in a Pluralistic and Diverse Society	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>27</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. Graduation applications must be submitted to the Office of Graduate Studies by mid-semester of the semester **preceding** graduation.

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

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

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