The University of Central Arkansas College of Education Department of Leadership Studies APPLICATION

Check the appropriate program for which you are making application:

	_ Master's Degree—B	uilding Administrator			
	_ Master's Degree—C	urriculum Administrator			
	_ Master's Degree—Program Administrator (Special Education or Gifted/Talented)				
	Program of Study—Building Administrator				
	Program of Study—C	Curriculum Administrator			
	Program of Study—I	Program Administrator			
	Educational Specialis	st Degree—Educational Lead	ership Prog	gram	
1.	Personal Information				
	Name:				
	Last	First		Middle/Maiden	
	Address:				
	Telephone: Hor	me			
	Wo	rk			
	Cel	l:			
	E-mail:				
2.	Current Employment	<u>Information</u>			
	Name of School:				
	Address:				
	Supervisor:				
	Employment History Begin with your present position and list position title, institution, dates, address, the grades you have taught and the number of years you taught each grade you list.				
	Position/Title	Name of Institution and Location	Dates	Grades with Number of years Taught for Each Grade Listed	
				2	

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4. Educational Background

Begin with your most recent degree, list school, location, dates attended, degree, and GPA

School	Location	Dates Attended	Degree	GPA

- 5. Attach a document that addresses the following writing prompt: (Limit to one page, single space). Explain why you are pursuing licensure as an educational leader.
- 6. Provide at least three professional references that may be contacted regarding your potential for success in the program:

Name	School/Position	Years Known	Phone #

7. <u>Attachments</u>

Include the following documentation:

- a. Copy of valid teaching license
- b. Official transcripts from all institutions you attended
- c. Verification of teaching experience (attached)

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VERIFICATION OF TEACHING EXPERIENCE

The Arkansas State Board of Education requires a minimum of four years experience, three of which must be in a classroom at the school level for which licensure is being sought. The Department of Leadership Studies must have this verification to process the initial license application.

Please send this form to your district's Human Resource office requesting they provide the information in the table below. This information can be duplicated in a letter (please make sure all information that is requested in the table is provided), or the information can be inserted in the appropriate place in the table. The letter or this form must be signed by the Director of Human Resources.

Applicant's name:
School District: Address: Telephone:
Teaching Experience

Grade Level	Number of years	School/District	Subject(s) Taught	School Years
P-4				
5-6				
7-8				
9-12				

Signature: Director of Human Resources:

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