# Department of Administrative and Instructional Leadership

**ST. JOHN'S UNIVERSITY**

**The Graduate School of Education**

Name of Program: **Advanced Certificate**

**School Building Leader / School District Leader**

Number of Credits in Program: **35 Credits**

<mark>AC-SBDL</mark>

Name: _____

Address: _____

_____

Home Phone: _____

Cell Phone: _____

Email: _____

Program Initiated: _____
(If applicable)

X Number: _____

Advisor: _____

_____

## I. Administration Core: 27 Credits

**Core Courses**

| EDU Number | Course Title | | Semester | Date Completed (Sem./Yr./Grade) | Comments |
|---|---|---|---|---|---|
| EDU 5103 | Educational Governance and Policy Issues | | | | |
| EDU 5301 | Leadership Values, Decision-Making and Multicultural Org. | | | | |
| EDU 5471 | Leadership in Instructional Supervision | | | | |
| EDU 5571 | Administrative Leadership & Planned Change | | | | |
| EDU 5650 | School Based Data Analysis | | | | |
| EDU 5743 | Educational Planning: An Integration of Professional Capital Agendas | | | | |
| EDU 5761 | School-Based Business Administration for Admin & Supv. | | | | |
| EDU 5791 | Legal Aspects of the Administration of Schools | | | | |
| EDU 5811 | Administration & Supervision of Services for Diverse Students | | | | |

## II. Internship: 6 Credits

*After the completion of 18 credits, please obtain permission from your advisor to enroll in the internship courses.*

| EDU Number | Course Title | | Semester | Date Completed (Sem./Yr./Grade) | Comments |
|---|---|---|---|---|---|
| EDU 5950 | Internship Seminar in SBL | | | | |
| EDU 5951 | Internship Seminar in SDL | | | | |

## III. Capstone Courses: 2 Credits

| EDU Number | Course Title | | Semester | Date Completed (Sem./Yr./Grade) | Date Completed |
|---|---|---|---|---|---|
| EDU 5499 | General Review and Exam Preparation: SBL | | | | |
| EDU 5599 | General Review and Exam Preparation: SDL | | | | |

| Transfer Credit: | From: | Date Completed |
|---|---|---|
| | | |
| | | |

Student Signature: _____  Date: _____

Advisor Signature: _____  Date: _____

*Please be aware that you must complete the DASA workshop and EAS exam in addition to all SBL/SDL State requirements.*

"We reserve the right to make changes to the program"                    10/12/2016

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