**The Graduate School of Education**

Name of Program: **Advanced Certificate** **in School Building Leader** AC-SBL

Number of Credits in Program: **22 Credits**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_

X Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Administration Core: 18 Credits**

 **Core Courses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDU Number** | **Course Title** |  | **Semester** | **Date Completed****(Sem./Yr./Grade)** | **Comments** |
| 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  |  |  |  |  |

**II. Internship: 3 Credits**

 ***After the completion of 18 credits, please contact the Internship Director Dr. Brasco at (718)990-5591.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDU Number** | **Course Title** |  | **Semester** | **Date Completed****(Sem./Yr./Grade)** | **Comments** |
| EDU 5950 | Internship Seminar in SBL |  |  |  |  |
| **III. Capstone Review: 1 Credit****IV. Capstone Course: 1 Credit** |
| EDU 5499 | General Review and Exam Preparation: SBL |  |  |  |  |
|  |
| **Transfer Credits:** | **Date Completed** **(Sem./Yr./Grade)**  |
|  |  |  |
|  |  |  |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**“We reserve the right to make changes to the program” 10/12/2016**