St. John's University**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**