St. John's University**The Graduate School of Education**

Name of Program: **Advanced Certificate** AC-SBDL

**School Building Leader / School District Leader**

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

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 contact the Internship Director Dr. Brasco at (718)990-5591.***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EDU**  **Number** | **Course Title** | | |  | | **Semesterrerrrr** | **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 (Sem./Yr./Grade)** |
| EDU 5499 | General Review and Exam Preparation: SBL | |  | |  | |  |  |
| EDU 5599 | General Review and Exam Preparation: SDL | |  | |  | |  |  |
|  | | | | | | | | |
| **Transfer Credit: From:** | | | | | | | | **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/SDL State requirements.*

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