**The Graduate School of Education**

Name of Program: **Advanced Certificate** **in School District Leader** AC-SDL

Number of Credits in Program: **31 credits**

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

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

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

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

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

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

\_\_\_

Program Initiated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (If applicable)

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

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

**I. Administration Core: 27 Credits**

 **Core Courses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDU Name and Number** |  | **Semester** | **Date Completed****(Sem./Yr./Grade)** | **Comments** |
| EDU 5103 | Educational Governance and Policy Issues |  |  |  |  |
| EDU 5301 | Leadership Values, Decision Making and Multicultural Org |  |  |  |  |
| EDU 5632 | Organization and Administration of the Elem. and Secondary School Curricula |  |  |  |  |
| EDU 5655 563256555655 | Educational Research and Data Analysis I |  |  |  |  |
| EDU 5741 | Finance in Education |  |  |  |  |
| EDU 5761 | School-Based Business Administration for Admin. & Supv. |  |  |  |  |
| EDU 5791 | Legal Aspects of the Administration of Schools  |  |  |  |  |
| EDU 7665 | Leadership in Technology I |  |  |  |  |
| EDU 7708 | Trends & Techniques in the Evaluation of Programs |  |  |  |  |

**II. Internship: 3 Credits**

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

|  |  |  |
| --- | --- | --- |
| EDU 5951 | Internship Seminar in SDL | **Date Completed****(Sem./Yr./Grade** |
| **III. Capstone Course: 1 Credit** |
| EDU 5599 | General Review and Exam Preparation: SDL | **Date Completed****(Sem./Yr./Grade** |
|  |
| **Transfer Credits: 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 SDL State requirements.*

“**We reserve the right to make changes to the program.” 6/5/18**