Department of Educational Leadership
Educational Leadership – Tier II
Certification
Superintendent’s Endorsement for Application to Program

To be Completed by Candidate Applicant:

Candidate’s Name (Print): ________________________________

Last   First   M.I.

Candidate’s Cert ID #: ___________________________________

School System: ___________________________ School Name: ___________________________

To be Completed by Referring School System:

The above candidate applicant has the district and school support to enter the Educational Leadership Tier II Certification Program at Kennesaw State University. The school and system will participate in the program as outlined in the University/School System Partnership Agreement for the Development of Educational Leaders.

______________________________   ___________________________
Candidate Signature            Date

______________________________   ___________________________
Principal or Central Office Supervisor (Print)   Signature of Principal or Central Office Supervisor & Date

______________________________   ___________________________
Superintendent or Designee (Print)   Signature of Superintendent Or Designee & Date

This form may be signed electronically and applicant may upload the form in their online application, or it may be returned to the Office of Graduate Admissions
Fax: 470-578-9172 Email: ksugrad@kennesaw.edu
Mail: Kennesaw State University – Office of Graduate Admissions 3391 Town Point Drive, MD 9109, Kennesaw, Georgia 30144

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