



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

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University Recommendation for Administrative Superintendent Endorsement

Applicant Information (To be completed By the Applicant):			
Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip Code:
Last Four Digits of SSN:	Birth Date:	Former Name(s):	
Remainder of this form is to be completed by the college or university where you completed your Superintendent preparation program. NOTE: Please return original form to: OPI – Licensure Division, PO Box 202501, Helena MT 59620-2501 NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.			
Name of College/University and Location:			
Is your institution regionally accredited? <input type="radio"/> Yes <input type="radio"/> No	Name of regional accreditation agency: (i.e. Western Association of Schools & Colleges)		
Accreditation of the Administrative Superintendent Preparation Program	<input type="radio"/> CAEP <input type="radio"/> NCATE <input type="radio"/> State Approved Program <input type="radio"/> Other i.e. Alternative route. (please describe) _____		
Type of Degree	<input type="radio"/> Doctoral <input type="radio"/> Education Specialist <input type="radio"/> Master’s Degree in Education Leadership <input type="radio"/> Master’s Degree in Education (please describe) _____		
To qualify for the Administrative Superintendent endorsement, Montana requires a minimum of 18 semester graduate credits in a school administrator preparation program <input type="radio"/> The university program meets this requirement <input type="radio"/> The university program does not meet this requirement			
12 semester credits must be beyond the master’s degree in education leadership, please identify the courses that meet this requirement.			
Course Number	Course Title	Course Number	Course Title
To qualify for a full license endorsed as Administrative Superintendent, Montana requires the following courses: <input type="radio"/> Montana School Law <input type="radio"/> Montana School Finance <input type="radio"/> Montana Collective Bargaining and Employment Law	Does the program the candidate completed contain the required coursework listed? <input type="radio"/> Yes <input type="radio"/> No		
I attest that the above named applicant <i>has completed</i> an administrator’s preparation program. The program completed leads to licensure as a SUPERINTENDENT in the State of _____.			
Signature: _____			Date: _____
Printed Name: _____		Title: _____	
Email Address: _____	Phone Number: _____	College Seal	