



University Recommendation for Administrative Principal Endorsement


Applicant Information, Print Clearly:

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____ Former Name(s): _____

Last Four Digits of Your SSN: _____ Birth Date: _____

 Remainder of this form must be completed and signed by the appropriate official from the college/university where you completed your principal preparation program.

University Official: Return the completed form to the OPI Educator Licensure Unit via email to cert@mt.gov.

Name of College/University and Address: _____

Is your institution regionally accredited? Yes ___ No ___ If "Yes", name of regional accreditation agency (i.e., Western Association of Schools & Colleges): _____

Accreditation of the Administrative Principal Preparation Program

Circle accreditation of the Principal Preparation Program at the time of student completion: CAEP NCATE State Other

If "Other", i.e., Alternative route, please describe: _____

Type of Administrative Preparation Program Completed

Elementary Principal _____ Secondary Principal _____ K – 12 Principal _____

Type of Master's Degree

Educational Leadership ___ Master's degree related to Education ___ (please describe): _____

To qualify for a full license endorsed as an Administrative Principal, Montana requires the following course: **Montana School Law**

Does the program the candidate completed contain the required Montana School Law coursework? Yes ___ No ___

I attest that the above-named candidate **has completed** an administrator's preparation program. **The program completed leads to licensure as a Principal in the State of:** _____.

Signature _____

Date _____

Printed Name and Title: _____

Email Address: _____ Phone Number: _____

College Seal