



## University Recommendation for Administrative Superintendent 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 Superintendent preparation program.

University or Program Official: Return the completed form to the OPI Educator Licensure Unit via email to [cert@mt.gov](mailto: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): \_\_\_\_\_

Circle accreditation of Administrative Superintendent Preparation Program at the time of student completion: CAEP NCATE

State Other If "Other", describe: \_\_\_\_\_

### Type of Degree

Doctoral \_\_\_

Education Specialist \_\_\_

Master's Degree in Education Leadership \_\_\_

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.

\_\_\_ The university program meets this requirement

\_\_\_ The university program does not meet this requirement

**12 semester credits must be beyond the master's degree in education leadership**, please indicate the courses that meet this requirement.

Course Number	Course Title
_____	_____
_____	_____
_____	_____
_____	_____

To qualify for a full license endorsed as Administrative Superintendent, Montana requires the following courses:

\_\_\_ **Montana School Law**      \_\_\_ **Montana School Finance**      **Montana Collective Bargaining and Employment Law.**

Does the program the candidate completed contain the above required coursework? Yes \_\_\_ No \_\_\_

I attest that the above-named candidate **has completed** an accredited teacher education program in those areas to include student teaching or supervised teaching experience, or waiver of this requirement. **The program completed leads to licensure in the State of:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ College Seal