



## University Recommendation for Administrative Supervisor 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 Supervisor preparation program.

University 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): \_\_\_\_\_

### Accreditation of the Supervisor Preparation Program

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

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

### Type of Supervisor Preparation Program Completed

Supervisor of \_\_\_\_\_ Curriculum Director \_\_\_ Other \_\_\_\_\_

### Type of Master's Degree

Master's degree must be in the area requested for endorsement (please describe): \_\_\_\_\_

To qualify for a full Supervisor license, Montana requires a supervised practicum/internship. Please identify course number and title: \_\_\_\_\_

I attest that the above-named candidate **has completed** an accredited Supervisor's preparation program. **The program completed leads to licensure in the State of:** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

College Seal