## **University of Alaska Anchorage**

# College of Education Department of Educational Leadership





3211 Providence Drive, PSB 218, Anchorage, Alaska 99508-4614 907.786.4450 Fax 907.786.4313

edl@uaa.alaska.edu

Principal or S	Superintendent Ap	pplication		
Students of	complete <u>two</u> separate applicat	rions:		
• • • • • • • • • • • • • • • • • • • •	ent Services: Visit this link fo vww.uaa.alaska.edu/admissions	• •	lication:	
2) Application to the College of Educa	ation Department (COE) of Edu	ucational Leadersl	nip (this paper	form)
Submit the C	COE application to the address	above.		
Incomplete applications will not be processed. Of inquire about the status of your COE application		Mikayla, at the al	ove email addr	ess to
Name:	Student ID #: _			
Address:	City	State	Zip	
Work Address:	City	State	Zip	
Home Phone:	·		*	
Work Phone:	Fax:			
Email address: UAA (if known)UAA will use student's UAA email addresses for already have one you may forward it to a personal of the control of the co		en you are assigne	ed a UAA email	or if you
Email address: Personal				
Degree / Co	ertificate Desired (chec	ek one):		
1st Masters (M. Ed.): Principal: 36 Cred 2nd Masters (M. Ed): Principal: 24 Cred Graduate Certificate: Principal: 24 cre Graduate Certificate: Superintendent: 2	dits dits			
Leve	el Desired (check one):	:		
Principal K-8 Principal 7-12 Principal K-8 & 7-12 Superintendent				

State Certification Information: (INCLUDE A COPY IN YOUR APPLICATION)  Administrative	Requesting Start Date:
Administrative Blementary Middle School Special Services Secondary (list subject)  State University Recommendation from:  Supporting Documentation Required:  1. Experience: Attach a resume that includes the following information:  Any experience you have had in teaching children or adolescents, or in school administration, the position/role you assumed, who supervised or employed you, a description of the individuals you served, and the dates you performed the service.  2. Goal Statement: Attach a brief statement about why you are applying to the program and what you intend to do when you are finished. For example, the type of individuals you expect to work with, kind of position you are interested in, the work setting, etc.  3. Three Rating Sheets: Ask three professionals who are aware of your leadership potential to complete three (3) rating forms (one form each). Letters of recommendation will be accepted in lieu of the rating forms but they must include information about your potential as a leader. At least one form must be completed by a current supervisor.  Application Process  1. Complete an online application form for Enrollment Services (see link on page 1 - use UAOnline).  2. Complete COE Educational Leadership application form (this document). Include all supporting documentation, including three (3) Field Experience Rating Forms. Submit the form to COE Department of Educational Leadership at address on page 1.  3. Request that transcripts be sent directly to UAA: UAA, Office of Admissions, P.O. Box 141629, Anchorage, AK 99514-1629.  ADMISSION CRITERIA  Minimum Qualifications  1. Superintendent Program:  a. Teaching Certificate, Master's Degree, and Type B Certificate.  2. Principal Program:  a. At least one year of experience as a certificated elementary teacher, secondary teacher, or building-level special services provider.  b. A current teacher or special services provider (Type C) certificate or equivalent. The Type C certificate must have an endorsement in School Counselor, Speech-Language Path	Year: Semester: spring summer fall
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d. 3.0 GPA

The Alaska State Department of Education requires three (3) years of successful certificated contract experience as a teacher or special services provider (Type C) in order to receive a Type B administrative certificate. For a Superintendent's endorsement, candidates must have five years (minimum three years as a teacher and one as an administrator) of experience. Both endorsements require a grade point average of 3.0 (on a 4.0 scale).

For more information please contact the Program Manager at 907-786-4450 or by email at edl@uaa.alaska.edu.

#### **Internship: Professional Field Practice**

An internship is required. Applications are due on the 3<sup>rd</sup> Friday of April to begin your internship in the Fall (see internship application on file). The internship is one year long.

# **GRADUATION REQUIREMENTS**

Student enrolled in a M. Ed. (master's) or Graduate Certificate program must apply to graduate by the posted dates:

Apply by March 1	For May Graduation
Apply by November 1	For December Graduation
Apply by July 1	For August Graduation

The department does not have an 'endorsement only' program. Students cannot just sign up for a collection of courses and receive an Institutional Recommendation for a state certificate. All students in the M. Ed. or Graduate Certificate program must apply for graduation. Institutional Recommendations will be denied if you fail to apply for graduation and/or fail to graduate.

My signature indicates that I understand I must apply to grastudents in the Graduate Certificate program must graduate	lso understand that	
Signature of Student	Date	

### **University of Alaska Anchorage**

# College of Education Department of Educational Leadership



3211 Providence Drive, PSB 218, Anchorage, Alaska 99508-4614 907.786.4450 Fax 907.786.4313

#### **Field Experience Rating Form**

The applicant named below is applying for admission to a professional preparation program in *Educational Leadership*. Please complete this form and return to the applicant – use a sealed envelope if preferred. The applicant will then submit the rating form with their application to the Department.

**Applicant Information:** (to be completed prior to giving to Evaluator)

Name:			: <u> </u>
Address:Student ID #:		Dates of Emplo	pyment:
Position Held:  Seeking Admission for:		Location:  Superintendent	Program
	•		
Notice: Public law 93-380, the Family Education Rights ar recommendation written on or after January 1, 1975, excep			f their official educational records. This right extends to letters of mmendation by signing a waiver.
WAIVER FORM: I,		the	undersigned, hereby waive any right or
privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person agency or organization to which any reference may be addressed.			
Date:	Signature_		

**General Comments:** 

Please rate the applicant based on your knowledge and/or observations.		Not Observed	Unsatisfactory	Needs Improvement	Satisfactory	Outstanding
Ability to relate to students						
Ability to relate to parents			Ш			
Ability to work with other teachers						
Effective direction of learning and curriculum						
Enthusiam in the educational environment						
Promptness, reliability, and dependability						
Responsiveness to supervision						
Personal appearance						
Potential to provide leadership for an educational organization						
Potential to guide instruction and provide for an effective learning environment	ent					
Potential to oversee the implementation of curriculum						
Potential to use assessment and evaluation information about students, sta	ff, and the		H			
community when making decisions						
Potential to communicate with diverse groups and individuals with clarity an					Ш	
Potential to act in accordance with established laws, policies, procedures, a business practices	nd good					
Potential to understand the influence of social, cultural, political, and econor	mic forces on		Ħ	$\equiv$		
the educational environment.	advention of		Щ	$\underline{\underline{\sqcup}}$		
Potential to facilitate participation of parents and families as partners in the children	education of					
Overall: your estimation of this person as a future school administrator						
Your recommendations regarding the applicants ability to work with, and lead	teachers:					
I have known this applicant sincean	d have observed	him/l	ier wo	rk witl	1	
students for approximately (amount of	of time)					
Evaluator Information:						
Signature: Super	visor Peer Oth	er				
Name: Date: _						
District: Work F						
Mailing Address:						
E-mail Address:						