

EDUCATIONAL ADMINISTRATION PROGRAM

Department of Educational Leadership and Policy
468 Baldy Hall
Graduate School of Education, University at Buffalo

**STATEMENT OF PROGRAM FOR ADMINISTRATIVE CERTIFICATION
SCHOOL DISTRICT LEADER PROGRAM (SDL)**

Name _____ Person# _____

Address _____ Daytime _____

_____ Email _____

Date taken/taking NY State SDL Certification Exam (NYSED Code #29053): _____

Date of LIFTS Oral Exam: _____ Academic Advisor: _____

Anticipated program completion date: June 1, 20____ (this form must be submitted by March 1st)
 Sept 1, 20____ (this form must be submitted by July 1st)
 Feb 1, 20____ (this form must be submitted by October 1st)

Required ELP Courses: *(Information you provide MUST match your UB transcript)*

Course#	Course Title	Cr. Hrs.	Semester Taken	Grade
ELP604	Law and Public Education	3		
ELP606	Changing Social Contexts for Educational Leaders	3		
ELP607	School & District Capacity Building	3		
ELP625	Studies in Educational Leadership	3		
ELP634	Leading Change in Schools & School Districts	3		
ELP635	Leading an Effective School District	3		
ELP647	Educational Planning, Budgeting & Data Analysis	3		
ELP652	Leadership & Policy for Inclusion	3		
ELP658	Clinical Seminar: Internship	3		
ELP659	Clinical Seminar: Internship	3		
ELP664	Teacher Evaluation & Supervision	3		
ELP681	Curriculum & Instructional Leadership	3		
	Total Credits	36		

Are you applying for an Ed.M. in Educational Administration and [please circle]: Yes No
 have you submitted the following:

> *Application for Degree Form:* (date) _____
 > *Ed.M. Application to Candidacy Form:* (date) _____

Student Signature _____ Date _____

EDA Area Approval: Advisor _____

EDA Faculty _____

LIFTS Coordinator _____

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Department Use: UFTS Oral Exam Completed _____
 Documents submitted to Graduate School _____