The District Leadership program prepares individuals to become leaders of school districts. These individuals have been principals or supervisors and desire to become superintendents, directors or to assume positions of district level responsibility.

Requirements for Admission

Individuals applying for admission must do so by June 1, October 1, or February 1, and must meet all requirements for admission to the Department of Education Graduate Program. Requirements for admission to the Educational Leadership Program for District Level Licensure include, but are not limited to:

1. Qualifications for a Kansas Building Level Administrative License.
2. Master’s degree from an accredited institution of higher education, with a total cumulative grade point average of no less than 3.0 on a 4.0 scale
3. Have your supervisor fill out a professional education programs reference form http://www.jotformpro.com/form/30266404778963
4. Approval of the Department of Education Graduate Committee

SEE YOUR ADVISOR EVERY SEMESTER IN ORDER TO DISCUSS ANY PROGRAM CHANGES.
CURRICULUM

The program requirements for the Professional License in District Leadership include completion of a minimum of 12 course credit hours, and shall include the following courses:

_____EA 695 Practicum II in Education Administration (3)
_____EA 696 Human Resources Management (3)
_____EA 697 School Planning and Facilities (3)
_____EA 698 The District Leader (3)

Students who complete this preparation program have passed the assessment for District Level preparation. This is evidence that the individual demonstrated the ability to meet the NCATE/KSDE Leadership Licensure Standards. The administrator applies to the Department of Education Licensure Officer for verification of an Initial School Leadership License.

________________________________________________________________________
Student Name

WIN

________________________________________________________________________
Street Address

City, State, ZIP

________________________________________________________________________
E-mail

Telephone

________________________________________________________________________
Graduate Program Advisor Signature

Date