

APPLICATION FOR ADMISSION TO THE  
ADMINISTRATIVE CERTIFICATION PROGRAM (LEVELS II, III)  
COLLEGE OF EDUCATION AND HUMAN SERVICES  
SOUTHERN ILLINOIS UNIVERSITY AT CARBONDALE

1. Name \_\_\_\_\_

2. Current Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Present Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

4. Date \_\_\_\_\_ Social Security \_\_\_\_\_

5. Have you previously applied for Administrative Certification in other schools and/or states? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, indicate the schools, and/or states applied to, the date, and whether or not you were accepted.

6. To what graduate school departments have you been admitted at Southern Illinois University?

Masters Level: \_\_\_\_\_ Post Masters Level: \_\_\_\_\_

7. What is the number of years you have taught full-time in public and/or private schools? \_\_\_\_\_

8. Do you hold an Illinois Teaching Certificate: YES \_\_\_\_\_ NO \_\_\_\_\_ (If so, please list all Teaching, Counseling, and Administrative Certificates):

\_\_\_\_\_  
\_\_\_\_\_

EXPERIENCE

9. List below professional experience in teaching, counseling, and administrative work in schools, military service, industry, and public agencies.

Name of School/Institution	Position	Grades or Subjects taught, counseled, or administered	# of years
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. On the lines provided below, list in chronological order all non-teaching experiences. including the name and location of the institution, the nature of your duties, and the dates served.

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11. List below three references who could verify your teaching, counseling, and administrative experience and who could speak about your professional qualifications. Provide name, position and address. (Please include ZIP CODE)

(1) \_\_\_\_\_  
Name Title Address City State Zip

(2) \_\_\_\_\_  
Name Title Address City State Zip

(3) \_\_\_\_\_  
Name Title Address City State Zip

12. Check the positional specialization you intend to pursue. (**Please check only ONE**)

General Administrative Endorsement  
Level II

Superintendent's Endorsement  
\_\_Level III

Elementary Principalship

Middle School Principalship

Secondary School Principalship

Area Special Education School Director

13. Please list current or previous advisor \_\_\_\_\_

Approved for Admission \_\_\_\_\_  
Signature Date

Advisor Assigned \_\_\_\_\_

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

**RETURN THIS APPLICATION TO:**

Debbie Mibb  
Department of Educational Administration and Higher Education  
PULLIAM HALL 131- Mail Code 4606  
Southern Illinois University Carbondale  
475 Clocktower Drive  
Carbondale, IL 62901

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