REQUEST FOR SCHOOL ADMINISTRATOR EVALUATION

Please complete and attach this form to the supportive materials you are submitting for review.

Name: ___________________________________________

Student Number/PID: ___________________

Mailing Address: __________________________________________________

________________________________________________

Day Phone: (_____) _____ - ________

Evening Phone: (____) _____ - _______

Are you currently admitted to a graduate degree program? □ Yes □ No

If yes, please indicate degree level, major, and advisor:

Degree: __________________________________________________

Major: ___________________________________________________

Advisor: _________________________________________________

Is this review for an original school administrator certificate or additional administrator endorsement?

□ Original certificate □ Additional endorsement

Area(s) requested for review (check only those that apply):

□ Elementary administrator * □ Chief business official

□ Secondary administrator ** □ Superintendent

□ Central office administrator

*Requires Michigan elementary teaching certificate

**Requires Michigan secondary teaching certificate

Supportive Materials

□ Clear copy of Michigan teaching certificate (not required for chief business official)

□ Clear copy of all transcripts (official transcript(s) will be required at time of recommendation)

** DO NOT FORWARD THIS REQUEST UNTIL ALL SUPPORTIVE MATERIALS ARE ATTACHED **

Return to:   Teacher/Administrator Certification
134 Erickson Hall, College of Education
Michigan State University
East Lansing, MI 48824-1034

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