



**San José State**  
**UNIVERSITY**

Connie L. Lurie College of Education  
Department of Educational Leadership  
One Washington Square  
San Jose, CA 95192-0072  
PH (408) 924-3616 Fax (408) 924-3612

# Approved Program Contract for Preliminary Administrative Services Credential

Name: \_\_\_\_\_ Student ID (required: \_\_\_\_\_

E Mail address \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Title of Basic Credential(s)**

**Expiration Date(s)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of years of Full-Time Experience: \_\_\_\_\_

**Check ( ) required courses. Place an X beside courses waived and attach course waiver form with documentation.**

		<u>Course Title</u>	<u>Units</u>	<u>Grade</u>	<u>Sem</u>	<u>Year</u>
_____	EdAd 200	The School Manager	3	_____	_____	_____
_____	EdAd 201	The School Leader	3	_____	_____	_____
_____	EdAd 202	The Educator	3	_____	_____	_____
_____	EdAd 203	School Human Resources Administration	3	_____	_____	_____
_____	EdAd 204	School Fiscal and Legal Leadership	3	_____	_____	_____
_____	EdAd 205	Leader in the Community	3	_____	_____	_____
_____	EdAd 206	Advocate for All Children	3	_____	_____	_____
_____	EdAd 242	Administrative Field Experience	6 - _____	_____	_____	_____

**Total Units: \_\_\_\_\_**

Substitutions for the above course:

**Number & Title of the Course Taken**

**Institution Where Taken**

**Substituted for**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This form must be signed by the Dept. of Educational Leadership before submitting to the Credential's office. Please fax completed form to (408) 924-3612.**

Grades checked by \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_