



**Department of Educational Leadership  
College of Education**

**Approved Program for Preliminary Administrative Services Credential**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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	6	_____	_____	_____
_____	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 242A Internship in School Administration and Supervision	3-6	_____	_____	_____
	or				
_____	EdAd 242B Administrative Field Experience	3-6	_____	_____	_____
_____	EdAd 253 Seminar in Administration in Education Settings	3	_____	_____	_____

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

\_\_\_\_\_ Exit Competency Portfolio Assessment

Substitutions for the above course:

**Number & Title of the Course Taken**

**Institution Where Taken**

**Substituted for**

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

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

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

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

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