Western Illinois University
College of Humanities, Arts, Sciences, and Education
School of Education

Applicant for Admission to Candidacy
Superintendent Licensure, EdS in Educational Leadership & EdD in Educational Leadership

Name		**Date**	
Home Address			
Cell Phone		**Work Phone**	
Work Address			
Preferred Email		**Current Position**	
WIU ID No. (if known)			

I am interested in (please check one):

- ☐ **Superintendent licensure only**
- ☐ **EdS in Educational Leadership only**
- ☐ **Superintendent licensure and the EdD in Educational Leadership**
- ☐ **Superintendent licensure and EdS in Educational Leadership**
- ☐ **EdD in Educational Leadership only**

Academic and Professional Objectives

Describe your position objective (superintendent, curriculum director, school business manager, special education director, organizational leader, etc.)

Education (List all colleges and universities attended, in reverse chronological order. Attach a separate sheet if necessary).

Institution	Dates	Degree	Major

Administrative and Teaching Licenses/Endorsements/Certificates: Please include/attach a copy with your application

Administrative License(s) _____

Teaching License(s) _____

Verification of Administrative/Supervisory Experience

This applicant has had two years of full-time administrative or supervisory experience.

Name of Supervisor (Please print) **Signature of Supervisor/Date**

Work Experience

List full-time positions held in education and other fields, including military service. List current position first and then use reverse chronological order. Attach a separate sheet if necessary.

Position	Position	Dates	Name & Title of Immediate Supervisor

Please attach a copy of your resume/vita with this application form.

Recommendation/References

List the names of three persons (current or former administrators and supervisors who can provide an appraisal of your personal and professional competence and your potential for organizational leadership. One of the names listed here should be the person whom you have requested to complete the program recommendation form. *You do not need to get traditional letters of application from the references listed below.*

Name	Title	Relationship

I understand that I may be required to provide my own transportation to and from field experiences, field trips as part of course activities, internship experience, and/or research projects. I attest that when using my personal auto, I am covered by valid auto insurance that provides at least the limits of coverage statutorily required to legally operate my vehicle in Illinois and all other jurisdictions in which I travel.

Signature **Date**

Please return the completed application to:
With subject: EDL EdD or EdS Application

Educational Leadership Program Coordinator
Horrabin Hall 115
Western Illinois University
Macomb, IL 61455
education@wiu.edu