



Department of Educational Leadership  
 2320 Buzzard Hall  
 600 Lincoln Avenue  
 Charleston, IL 61920  
 Phone: 217-581-2919  
 Fax: 217-581-6673  
 Website: [www.eiu.edu/~edadmin](http://www.eiu.edu/~edadmin)  
 E-mail: [edadmin@eiu.edu](mailto:edadmin@eiu.edu)

## DEPARTMENTAL APPLICATION

Name: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) (Area Code)

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

Home Email Address: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Applying to which program:  M.S.  Ed.S.  Type 75 Certification Only

Applying to begin:  Fall  Spring  Summer \_\_\_\_\_ Year

\_\_\_\_\_ On-campus Off-campus cohort (location) \_\_\_\_\_  
(Check with department before selecting an off campus location for availability)

Basic Skills Examination taken:  Yes  No Pass / Fail Date: \_\_\_\_\_ **(attach copy of results or ECS page)**

Teacher Certification:  Yes **(attach copy of certification)**  No  Seeking

Type 75 Certification:  Yes **(attach copy of certification)**  No  Seeking

Superintendent Endorsement:  Yes **(attach copy of certification)**  No  Seeking

Other Certifications: \_\_\_\_\_

School & District Where Currently Employed: \_\_\_\_\_

ROE: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Number of Years in Current District: \_\_\_\_\_ Number of Years in Other Districts: \_\_\_\_\_

Locations of Teaching Experience: \_\_\_\_\_

Locations of Administrative Experience: \_\_\_\_\_

Teaching Experience or Experience in each Certificated Area:

Certificate Code	Description of Certificates & Endorsements	Years of Experience
03	EXAMPLE: Elementary Teaching (Language Arts, Math, Social Science)	4
<b>Total Years of Experience</b>		

Education:

Name(s) of Colleges and Universities	Degree	Concentration	Date
Eastern Illinois University	BS	Elementary Ed	05/2008

Please write a short paragraph about your professional goals and why you are interested in the Educational Leadership program at EIU.

**MUST BE COMPLETED BEFORE SUBMITTING TO DEPARTMENT**

I recommend this individual as a candidate for admission to the EIU Educational Leadership Program. It is my perception that \_\_\_\_\_ has the potential to be a successful administrator.

\_\_\_\_\_  
Administrator Name

\_\_\_\_\_  
School / District

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date