

**Boston University/The Education Cooperative (TEC)
INITIAL ADMINISTRATIVE LICENSURE PROGRAM**

Intended Administrative Licensure Area

_____ Superintendent/Assistant Superintendent
 _____ Principal/Assistant Principal
 _____ (please indicate level) Elem. MS HS
 _____ Special Education Administrator
 _____ Supervisor/Director *(please indicate subject)

***NOTE: for this license, you must have 18 graduate credits in the subject area.**

For Office Use Only

Date Received:
 Date Reviewed:
 Admission to program is is not granted.

Application for Admission
KINDLY PRINT OR TYPE

Full Name _____ Social Security Number: _____

Date of birth _____

Address (home) _____

Telephone (home) _____

Email address _____

Address (work) _____

Telephone (work) _____

Current position _____

How did you hear about this program? online at school a friend from Boston University

Application will not be considered until all of the following requirements have been submitted.

- _____ PERSONAL STATEMENT (1-2 pages)
Please address your motivation and preparation for educational leadership and administration. In other words, *why do you want to enroll in this program?*
- _____ RESUME
- _____ A COPY OF YOUR CURRENT TEACHING CERTIFICATE/LICENSE AND MTEL SCORES
- _____ OFFICIAL UNDERGRADUATE AND GRADUATE TRANSCRIPTS
- _____ TWO RECOMMENDATIONS (please use attached forms):
We trust that you will choose references who are able to address your professional skills and leadership potential.
- _____ \$50 NON-REFUNDABLE APPLICATION FEE
Check should be made payable to "The Education Cooperative."

ROLLING ADMISSIONS
Application deadline is
April 1, 2011

PLEASE SUBMIT TO:
ADMINISTRATIVE LICENSURE PROGRAM, C/O THE EDUCATION COOPERATIVE
PO BOX 186 -- DEDHAM, MASSACHUSETTS 02027
QUESTIONS? PLEASE EMAIL KNERPOUNI@TEC-COOP.ORG

Boston University/The Education Cooperative (TEC)
INITIAL ADMINISTRATIVE LICENSURE PROGRAM
Letter of Reference (1)

Directions: Applicant completes top portion before giving this form to the evaluator.

Name of Applicant: _____

Applicant's Intended Administrative Licensure Area: _____

DISCLOSURE: This recommendation will become a part of your application to the Boston University/TEC Administrative Licensure Program and will not be disclosed to any unauthorized individual without your consent. According to the 1974 Family Educational Rights and Privacy Act, you have the right to access this recommendation should you enroll in the BU/TEC Administrative Licensure Program unless you waive your right to the information by checking the box below.

I have read the information above and hereby waive do not waive my right of access to this material should I enroll in the BU/TEC Administrative Licensure Program.

Signature of Applicant

To Be Completed By Evaluator:

Your name: _____ Your Position: _____

Organizational Affiliation: _____

Address: _____

Email address: _____ Phone: _____

How long have you known this applicant and in what capacity?

1. Please complete the following scale.

ATTRIBUTE	<u>No basis for evaluation</u>	<u>Very poor</u>	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Outstanding</u>
Professional competence						
Leadership ability or potential						
Academic Ability						
Teaching Skills						
Program Development Ability or Potential						
Ability to Communicate						

2. Overall Evaluation:

- I strongly recommend this applicant for admission to the Administrative Licensure Program.
- I recommend this applicant.
- I recommend this applicant with reservation(s).
- I do not recommend this applicant.

3. Please attach a letter detailing your opinion of the applicant's potential as an educational leader.

Evaluator should send directly to:
Administrative Licensure Program, c/o TEC
PO Box 186 -- Dedham, Massachusetts 02027

Signature of Evaluator

Boston University/The Education Cooperative (TEC)
INITIAL ADMINISTRATIVE LICENSURE PROGRAM
Letter of Reference (2)

Directions: Applicant completes top portion before giving this form to the evaluator.

Name of Applicant: _____

Applicant's Intended Administrative Licensure Area: _____

DISCLOSURE: This recommendation will become a part of your application to the Boston University/TEC Administrative Licensure Program and will not be disclosed to any unauthorized individual without your consent. According to the 1974 Family Educational Rights and Privacy Act, you have the right to access this recommendation should you enroll in the BU/TEC Administrative Licensure Program unless you waive your right to the information by checking the box below.

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Signature of Applicant

To Be Completed By Evaluator:

Your name: _____ Your Position: _____

Organizational Affiliation: _____

Address: _____

Email address: _____ Phone: _____

How long have you known this applicant and in what capacity?

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Signature of Evaluator