

**Southern Connecticut State University**  
**Department of Educational Leadership**  
 Initial Educator Certificate for Intermediate Administrator or Supervisor

To: Kathy Mauro, Certification Officer

From: \_\_\_\_\_  
 Full Name of Applicant (including maiden name)

\_\_\_\_\_  
 Applicant's Mailing Address

I am officially matriculated in a planned certification program to serve in the public schools of Connecticut as an intermediate administrator or supervisor and have met the State requirements for the Initial Educator Certificate for Intermediate Administrator or Supervisor as of: \_\_\_\_\_  
 Date

Courses completed for Certification: \_\_\_\_\_

Course Number	Course Title	Completion Date	Campus

- I hold or am eligible to hold a Connecticut teaching certificate.     Yes     No
- I hold a Master's degree from an approved institution.     Yes     No
- I have completed five years of successful teaching or otherwise met the experience requirement.     Yes     No
- I have satisfied the computer and other information technology skills component as applied to student learning, classroom instruction, communications and data management.     Yes     No
- I have successfully completed the coursework to satisfy the State Department of Education Special Education requirement.     Yes\*     No

\* If yes, please indicate course # \_\_\_\_\_ College/University \_\_\_\_\_ Year \_\_\_\_\_

Place of current employment: \_\_\_\_\_  
 Name of Superintendent: \_\_\_\_\_  
 Date of Application: \_\_\_\_\_  
 Signed: \_\_\_\_\_

This applicant is personally and professionally qualified as an intermediate administrator or supervisor in the public schools and has completed an appropriate program at Southern Connecticut State University specifically for administration and supervision.

Recommended for 092 – Initial Educator Certificate for Intermediate Administrator or Supervisor

\_\_\_\_\_  
 Dr. Peter Madonia, Chair

\_\_\_\_\_  
 Advisor Signature  
 \_\_\_\_\_  
 Date