EDUCATIONAL LEADERSHIP AND POLICY STUDIES (ELPS)
CERTIFICATE COURSE WORK PLAN

The course work plan must be completed with student’s signature, advisor’s signature, and submitted to the Academic Services Associate by the end of the first quarter of enrollment.

Name: ____________________________________________ Student ID ______________________

REQUIRED COURSES

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Quarter to be Completed</th>
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<td>ADMN 4840</td>
<td>Strategic and Transformative School Leadership</td>
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<td>ADMN 4841</td>
<td>Instructional Leadership for Equitable Schools</td>
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<td>ADMN 4842</td>
<td>Human Resource Leadership</td>
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<td>ADMN 4843</td>
<td>Strategic Resource Management for School Leadership</td>
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___________________________       ______________            ___________________________       ______________
Student Signature                       Date                           Advisor Signature                        Date