**Mercer University**

**Tift College of Education**

**Educational Specialist (Ed.S.) in Educational Leadership**

**School System Verification of Leadership Role or Position**

**To Be Completed by the Candidate:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of candidate) has applied for admission to Mercer University’s Tift College of Education:

❏ \_**Ed.S. in Educational Leadership Tier Two certification** Track:

❏ \_**Tier Two Educational Leadership certification only**

I understand the requirement of the Georgia Professional Standards Commission (GaPSC) to seek approval from my school system to participate in a performance-based Educational Leadership program. I understand this documentation is necessary to plan provision of a performance-based internship as a part of program requirements. This form is being provided to a system-level Human Resources or Certification representative to request approval.

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To Be Completed by the School System Representative:**

Please verify applicant’s leadership role or position by completing the following information and returning the signed form to:

Mercer University Atlanta, Tift College of Education

Educational Leadership Program

3001 Mercer University Drive, AACC Building, Suite 580

Atlanta, Georgia 30341

ATTN: Michael Clayton

Educational Leadership Admissions Committee

Performance-based applicants must, as defined by GaPSC Rule 505-2-.300 Educational Leadership, effective Dec. 15th, 2010, hold a leadership position or role defined as:

o “Leadership positions as determined by the Department of Education require leadership certification and are those positions in which an individual has authority and supervisory responsibilities.”

o “Leadership roles do not require leadership certification and incumbents do not necessarily have authority or supervisory responsibilities but must be assigned to leadership roles at the school or school system level to complete program residency requirements.”

Please complete one:

Prospective candidate: ❏ \_is ❏ \_is not currently serving in a **leadership position** in the school system titled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The number of individuals the prospective candidate oversees is \_\_\_\_\_\_\_.

Prospective candidate: ❏ \_is ❏ \_is not currently serving in a **leadership role** in the school system titled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In addition to classroom teaching, the leadership responsibilities are:

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact you for further information regarding this candidate? ❏ \_Yes ❏ \_No

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School System\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to Mercer or the Candidate in a sealed envelope, as indicated by candidate’s preference for confidential or open file.**