Department of Educational Leadership  
Educational Leadership – Tier II  
Certification  
Superintendent’s Endorsement for Application to Program

To be Completed by Candidate Applicant:

Candidate’s Name (Print): ____________________________  
Last First M.I.

Candidate’s Cert ID #: ________________________________

School System: ____________________________ School Name: ____________________________

To be Completed by Referring School System:

The above candidate applicant has the district and school support to enter the Educational Leadership Tier II Certification Program at Kennesaw State University. The school and system will participate in the program as outlined in the University/School System Partnership Agreement for the Development of Educational Leaders.

________________________________________  ____________________________
Candidate Signature  Date

________________________________________  ____________________________
Principal or Central Office Supervisor (Print)  Signature of Principal or Central Office Supervisor & Date

________________________________________  ____________________________
Superintendent or Designee (Print)  Signature of Superintendent Or Designee & Date

This form may be signed electronically and applicant may upload the form in their online application, or it may be returned to the Office of Graduate Admissions  
Fax: 470-578-9172 Email: ksugrad@kennesaw.edu  
Mail:  Kennesaw State University – Office of Graduate Admissions 3391 Town Point Drive, MD 9109, Kennesaw, Georgia 30144

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