

**Appendix 17**  
**California State University, Fresno**  
**Clear Administrative Services Credential**  
**Program Completion Form**

\_\_\_\_\_  
 Last Name                      First                      M.I.                      Social Security Number (or ID No.)  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

CPSEL Requirements Met	Yes	No
1. Shared Vision of Learning	___	___
2. Culture of Teaching and Learning	___	___
3. Management of the School in the Service of Teaching and Learning	___	___
4. Working with Diverse Families and Communities	___	___
5. Personal Ethics and Leadership Capacity	___	___
6. Political, Social, Economic, Legal and Cultural Understanding	___	___

District Mentor Signoff \_\_\_\_\_ Date \_\_\_\_\_

Previous Course Work or Experiences Considered For Credit

Semester	Units	Course Title/Experience
_____	_____	_____
_____	_____	_____

Coordinator Signoff \_\_\_\_\_ Date \_\_\_\_\_

Required (Core) Coursework Completed (Non-doctoral Students)

Semester	Units	Grade	Course Title/Experience
	1		EAD 279 Advanced Administrative Fieldwork A (Induction)
	1		EAD 278T Transforming Schools
	2		EAD 264 Seminar in the Legal Aspects of Education
	2		EAD 266 Seminar in School Finance and Business Admin.
	2		EAD 275 Seminar in Advanced Techniques of Personnel
	1		EAD 278T Interpersonal Relations
	1		EAD 279 Advanced Administrative Fieldwork B (Assessment)

Coordinator Signoff \_\_\_\_\_ Date \_\_\_\_\_

**Required (Core) Coursework Completed (Doctoral Students)**

Semester	Units	Grade	Course Title/Experience
	3		EDL 201 Organizational Theory (Assessment Administered)
	3		EDL 202 Educational Reform
	3		EDL 280T School Law
	3		EDL 280T Resource and Fiscal Planning
	3		EDL 280T Human Resource Administration
	3		EDL 280T Conflict Resolution/Interpersonal Leadership
	0		Pass Qualifying Exam (Assessment Administered)

Doctoral Program Signoff \_\_\_\_\_ Date \_\_\_\_\_  
**(Form Continues of the Back of this Page)**

**Professional Development (Non-University) Activities Approved**

Semester/ Date	Units/ Hours	Grade	Course Title / Experience Description
			_____
			_____
			_____
			_____

Coordinator Signoff \_\_\_\_\_ Date \_\_\_\_\_

**Culminating Assessment Completed (*Practice that Meets the Standard*)**

Coordinator Signoff \_\_\_\_\_ Date \_\_\_\_\_

**Two years experience with a Preliminary Administrative Services Credential**

Credential Recommendation:  
Approval \_\_\_\_\_ Date \_\_\_\_\_  
Program Coordinator