

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	Grade	Units	Course Title
		3	EDL 501 Organizational Theory in Complex Organizations
		3	EDL 502 Educational Reform
		0	Pass Qualifying Exam (Assessment Administered)
		3	EDL 521 Human Resource Leadership in Schools
		3	EDL 580T Conflict Resolution/Interpersonal Leadership
		3	EDL 523 School Resource Management and Fiscal Planning
		3	EDL 524 School Law

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