

SCHOOL PRINCIPAL CERTIFICATION PLAN OF STUDY

EMPLOYEE'S NAME:		DATE SENT TO OFFICE FOR SCHOOLS:
SCHOOL:	SCHOOL ADDRESS:	
CITY:	PHONE:	
DATE OF INITIAL CONTRACT WITH SCHOOL (EX: JULY 1, 2024):		

This **Plan of Study** is required of all principals who do not have a principal or superintendent license (issued by the State of Wisconsin, Department of Public Instruction, or by another state) or a master's degree with at least 18 credit hours in educational leadership from an accredited institution (Policy 4111 and 4133). This form must be filed with the Office for Schools no later than **October 1st** of the school year hired, or within 60 days if hired after the official start of the school year.

CURRENT DEGREE(S) HELD:
CURRENT LICENSE (ATTACH COPY):
COLLEGE/UNIVERSITY ENROLLED IN FOR PLAN OF STUDY (MUST BE ACCREDITED):

REMAINING COURSES REQUIRED FOR CERTIFICATION:

COURSE TITLE	CREDITS	PLANNED DATE FOR COURSE COMPLETION (EX: FALL 2024)

EXPECTED DATE OF COMPLETION OF ALL REQUIREMENTS: (Must complete within four (4) years of date of hire - Policy 4133)

EMPLOYEE SIGNATURE:

EMPLOYEE:	DATE:
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APPROVED BY:

EMPLOYER (PASTOR/PARISH DIRECTOR/PRESIDENT):	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

RETURN TO: Office for Schools with all appropriate documentation (transcripts, college/university enrollment verification) by October 1st of the current school year. Rev: 8-1-24