



SCHOOL PRINCIPAL CERTIFICATION PLAN OF STUDY

PRINCIPAL'S NAME:		DATE SENT:
DATE RETURNED:		
SCHOOL:	SCHOOL ADDRESS:	
CITY:	PHONE:	
DATE OF INITIAL CONTRACT:		

This **Plan of Study** is required of all principals not certified by the State of Wisconsin, Department of Public Instruction, or by another state. This form must be filed with the Parish and School Personnel Office no later than **November 1st** of the school year hired, or within 60 days if hired after the official start of the school year. Annually, a letter detailing progress made toward completion of the Study Plan should be given to the Employer (Pastor/Parish Director) with a copy sent to the Parish and School Personnel Office.

CURRENT DEGREE(S) HELD:
CURRENT LICENSE (ATTACH COPY):
COLLEGE/UNIVERSITY ENROLLED IN:

REMAINING COURSES REQUIRED FOR CERTIFICATION:

COURSE TITLE	CREDITS	PLANNED DATE FOR COURSE COMPLETION (EX: FALL 02)

COMPREHENSIVE EXAM DATE:	MASTER'S THESIS/ESSAY DATE:	EXPECTED DATE OF WI DPI LICENSING:
EXPECTED DATE OF COMPLETION OF ALL REQUIREMENTS: (Must complete within two years of date of hire - Policy 4113.1)		

APPROVED BY:

COLLEGE/UNIVERSITY OFFICER:	DATE:
CANDIDATE (PRINCIPAL):	DATE:
EMPLOYER (PASTOR/PARISH DIRECTOR):	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

RETURN TO: School Principal with all appropriate documentation stating course and/or certification requirements.