This form is for MEd and CAGS Educational Leadership/Administration Certification only and should be submitted during the practicum course.

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
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E-Mail Address: ____________________________________________________________________________________

Area of Certification: ________________________________________________________________________________

Phone: ____________________________________________________________________________________________

Degree: [ ] Certification only [ ] MEd [ ] CAGS

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**PRACTICUM INFORMATION**

[ ] Practicum (3 - 6 Credits) [ ] Fall [ ] Winter [ ] Spring [ ] Summer

Practicum Location, E-mail and Mailing Address: _________________________________________________________

Student Signature: _____________________________________________________________ Date: _____/_____/_____

My signature indicates that I give Plymouth State University permission to use any of my coursework relative to Administration Certification for accreditation and state program approval processes. It is my understanding that Plymouth State University will not include my name on the work samples.

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**MENTOR SUPERVISOR**

Name: ____________________________________________ Title: ______________________

E-mail Address: ____________________________________________________________________________________

Phone: ____________________________________________________________________________________________

Mentor Supervisor’s Signature: ____________________________________________ Date: _____/_____/_____

Your signature verifies that you have at least 5 years of experiences as an educator and you are a certified professional in the area of certification stated above. Your signature also verifies that your school building meets all applicable life/safety codes and is approved by the New Hampshire Department of Education.

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Practicum Instructor Signature: _____________________________________________ Date: _______/_______/_______

*Once all signatures are obtained, please turn this form into your Practicum Instructor.*