

THE DEPARTMENT OF  
**Educational Leadership**  
 UNIVERSITY OF MONTANA

**Departmental Application for Principal & Superintendent Licensure Certificate Programs**

**Contact Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Master's Degree Information**

Major: \_\_\_\_\_ Institution: \_\_\_\_\_  
 Date of Degree: \_\_\_\_\_ GPA: \_\_\_\_\_

**Current License Information**

States in which applicant holds licensure: \_\_\_\_\_ Endorsements *(please list all endorsements)*: \_\_\_\_\_

Montana Teaching: \_\_\_\_\_ Class 3 Administrative License *(check all currently held endorsements)*:  
 Class 1 / Professional \_\_\_\_\_ Elementary Principal  
 Class 2 / Standard \_\_\_\_\_ Secondary Principal  
 Class 5 / Alternative \_\_\_\_\_ K-12 Principal  
 \_\_\_\_\_ Supervisor  
 \_\_\_\_\_ Superintendent

**Licensure Sought**

K-12 Principal \_\_\_\_\_ Extension of Elementary or Secondary Principal to K-12 Principal  
 Superintendent \_\_\_\_\_ Supervisor / Subject Area: \_\_\_\_\_

**Briefly describe your leadership philosophy:**

**Identify your five-year goals:**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please submit this form, along with the additional requirements listed on the Educational Leadership Department's Application Requirements webpage. Contact the department if you have any questions: 406.243.5586 or [edld@mso.umt.edu](mailto:edld@mso.umt.edu)*

*\*Check your current credentials at <https://apps3.opi.mt.gov/MSEIS/NormalPages/Educators.aspx>*