NOTICE TO DISTRICT SUPERINTENDENT OF APPLICATION
FOR ADMISSION TO PROFESSIONAL ADMINISTRATIVE CREDENTIAL PROGRAM

The Department of Educational Leadership at California State Univ., Fullerton, works collaboratively with school districts in training future school administrators. The candidate listed below is making application for admission to the Professional Administrative Credential program. This individual will require the assistance of a mentor who is an administrator. It is our goal that working collaboratively we can select an excellent mentor administrator to work with this credential candidate. Candidates for the Professional Administrative Credential must **not** be formally mentored by their immediate supervisor who does their employee evaluations.

Since the literature on mentoring emphasizes the importance of contact time between mentor and protégé, expectations with regard to ongoing mentoring responsibilities will be communicated to the mentor at the beginning of the program by both the candidate and university supervisor. Districts are expected to provide time to both the mentor and the candidate so that sufficient time can be devoted to the implementation of the Professional Induction Plan.

By completing this form your district is pledging to support the mentor/mentee relationship as part of the process of inducting new administrators who are candidates for the Professional Administrative Credential.

If you have any concerns about this arrangement please so indicate or contact the head of the Department, Dr. Louise Adler at (714)278-7673.

Candidate completes this section:

Name of Applicant to a credential program: ____________________________________________________________
First name    Last name

Site of work assignment: ____________________________________________________________

Preference for mentor: ____________________________
First name    Last name
(Mentors are appointed through collaboration between your district and the university advisor.)

Mentor’s School/Site __________________________________________________________________________

Superintendent completes this section:

I am aware that the above named candidate may be admitted to one of the administrative credential program at CSUF.

[Concerns, if any: ____________________________________________________________]

_________________________________________________________     ______________________
Signature         Date

_________________________________________________________      (____)___________________
Print name         Phone

Address

Please return this form to the candidate who must include it in their application.