



Mississippi College

Educational Leadership Program [Ed. S.]
MS College Teacher Education and Leadership
Box 4009, Clinton, MS 39058

School District Endorsement Form

Name of Applicant _____

MC ID Number _____

Address _____

City _____

State _____

Zip _____

Waiver of Access: I agree that this recommendation will remain Confidential.
Provide an envelope for those completing this form.

Signature of Applicant _____

This form may be completed by the designee of the district. For example, the Superintendent, Principal, Supervisor, or other administrative official may complete this form.

1. As the administrative official, PRINT Your Name _____

2. What is your position (i.e. Supervisor) _____

3. How well do you know the applicant?

How long and in what capacity?

4. Give your opinion of the applicant's potential, as an educational leader.

5. Please select **ONE** of the following categories for this applicant:

() I recommend this applicant for the leadership program

() I DO NOT recommend this applicant for the leadership program

Signature _____

Date _____

Institution or School _____

Title _____

Address _____

Mississippi College considers qualified applicants without regard to race, gender, creed, national origin, age or handicap in its admission policies and practices. Federal law expressly recognizes exemptions claimed by religious institutions.