

Port Neches-Groves ISD

Aspiring Administrators Program: Application

First Name: _____

Last Name: _____

Campus: _____

Are you currently enrolled in an administrative certification program? Yes No

If so, please indicate your anticipated year of completion. _____

Have you completed your administrative certification program? Yes No

If so, what year was it completed? _____

The purpose of this program is to provide aspiring administrators an opportunity to acquire some administrative experience while under the direction of a campus principal. The campus principal will decide what duties an aspiring administrator will perform. The principal will attempt to place the aspiring administrator in a position that will result in a positive administrative experience.

Please include me in the program for the current school year.

Signature

Date

AGREEMENT: By typing my name above, I agree that this will become my electronic signature and is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Please send this application to:

Assistant Superintendent for Administrative Services