



Division of Educational Services
Leadership Institute of Riverside County

Preliminary Administrative Services Credential Program Application for Enrollment

Date: _____

SSN: _____

Print Name (Last)

(First)

(Middle)

Address (Street)

(City/State)

(Zip Code)

E-mail: _____

Cell Phone: (____) _____

Home Phone: (____) _____

Present Position: _____

Present School or Office: _____

Work Phone: (____) _____

Work FAX: (____) _____

Local District or Division: _____

Do you currently have a Master's Degree? Yes () No ()

Name of University: _____

Degree Earned: _____

List all California Credentials you hold that are current, valid, and on file with your District.

List all of your full-time certificated assignments that meet the minimum qualifying requirements for this program. List your most recent experience first. Be sure to list all immediate Principals/Supervisors in each assignment.

Position Title	School or Office	Dates from mm/yy	Dates to mm/yy	Principals' or Immediate Supervisors Names and Titles

I certify that all of the information contained in this application and all supplementary materials submitted are true and correct. I understand that the Leadership Institute of Riverside County may verify this information. I acknowledge that some of the ratings and results of my performance maybe confidential.

Signature _____ Date _____

Please send completed application for the September Cohort by **August 15** and by **November 30** for the January Cohort to:

**Riverside County Office of Education
 Leadership Institute of Riverside County
 P.O. Box 868
 Riverside, CA 92502-0868**