Certificate in Professional Development
Department of Educational Policy and Administration
College of Education and Human Development
University of Minnesota

PROGRAM COMPLETION FORM

Date _____

(1) Name _____
Last *First* *Middle*

(2) Address _____
Street

_____
City *State* *Zip*

(3) Current Phone (___)_____ (____)_____
Work *Home*

(4) E-Mail Address _____ **(5) FAX (____)**_____

(6) University of Minnesota Student ID Number *(if appropriate)* _____

(7) Current Employment _____ _____
Position *School District/Agency*

(8) Record of Coursework (12-15 credits)

Designator	Title	Credits	Instructor	Grade
EdPA 5374	Leadership for Staff Development	4		
EdPA 5364	Leadership for School Improvement	3		
EdPA 5501	Principles/Methods Program Evaluation	3		
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*				

*Specific elective coursework.

(9) Signatures Verifying Completion of all Certificate Program Requirements

Student Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

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PROGRAM FEEDBACK FORM

Term and Year Certificate Completed: _____ _____
Term *Year*

(1) What were the most important things <u>you learned</u> in this program?

(2) What were the <u>strengths</u> of the Certificate in Professional Development program?

(3) What were the <u>weaknesses</u> of the Certificate in Professional Development program?

(4) What <u>recommendations</u> do you have for improvement of the Certificate in Professional Development program?

Please complete and return the Program Completion Form and Program Feedback Form to the Educational Policy and Administration Graduate Studies Office, 330 Wulling Hall, 86 Pleasant St SE, Minneapolis, MN 55455. The Program Completion Form will be forwarded to the Certification in Professional Development Coordinator for review and sign off. It will then be submitted to the Student Professional Services Office in the college for clearance. The Program Feedback Form you provide will be anonymously entered in a database for consideration in program improvements. Thank you for taking the time to provide this information.