

DEPARTMENT OF EDUCATION

**Master's Degree
Leadership Program
Portfolio Defense Application**

A person providing information to Sul Ross State University by means of this form is entitled (with few exceptions) to request, receive, review, and, if desired, correct information about him/her that is incorrect. Texas Government Code, Chapter 559.

Name: _____

Address: _____

Telephone: _____

Student Identification Number: _____ Date of Application: _____

E-mail: _____

I am applying to take the Comprehensive Examination/Portfolio Defense for the Master's of Education with a Major in Educational Leadership

____ With Principal Certification
____ Without Principal Certification

Fall Spring Summer

I wish to take the examination in _____ of _____ (please check one month and enter year)

*Consult with your major advisor early for specific details about portfolio defense requirements. Please RETURN via email to your advisor, Dr. Rebecca Schlosser, at rschlosser@sulross.edu.

Student's Signature

Date

Advisor's Signature

Date

Department Chair or Director's Signature

Date