

SUPERVISING ADMINISTRATOR'S CONSENT FORM

Name of Applicant	School (or Office)	
School Phone Number	School District (& Number if LAUSD)	
School Address		
Name of Administrator/Principal		
	Administrator/Principal Section	
and Psychology in the field of a supervising administrator for the Teacher Credentialing requires supervision, and evaluation of the University advisor. The purpose	above-named applicant to Pepperdine University's Graduate School of Educational administration. This program requires the consent of the principal applicant to perform administrative field work. The California Commission dministrative field work experiences to be conducted under the guidansite administrator possessing an administrative services credential as well as 'this form is to confirm 1) the applicant's experience and assignment, and 2) to with, supervise, counsel, and evaluate this applicant.	or on ce, s a
The above-named applicant ha	a regular, full-time teaching assignment in this school: No (if no, complete next question)	
	another capacity other than as a regular, full-time teacher, indicate to Coordinator, Nurse, Bilingual Advisor):	he
(check all appropriate): Before/After S	to conduct administrative field work assignments will be as indicated thool Conference Period Time (specify if 'other')	
Please comment on applicant's	potential as a school administrator.	
	r, are you willing to commit the time required to work with the applicant lan, supervise, and evaluate the applicant's field work activities? Yes No	t
Name of Supervising Adminis	ator Title	
Administrator's Initials	Date	