

University of North Texas

Superintendent Certification Program

Nomination Form

Superintendents, by nominating this individual to the Superintendent's Certification Program you acknowledge that the individual is academically, ethically, and physically able to perform the rigorous duties of the Superintendent. You furthermore agree to; mentor the candidate by providing access to the administrative processes in your school district, and make time to coach and reflect with the candidate on the role of the Superintendent in the schools and the community.

In acknowledgment of the foregoing statement, I nominate the candidate below and proudly affix my signature to this nomination:

Candidate's Name: _____

Superintendent's / Assistant Supt.'s signature: _____

Date: _____

Superintendent's email address: _____

School District: _____

Candidate's email address: _____

Candidate's phone number: _____

Candidate's current job assignment: _____

Candidate's Work Site Assignment: _____

Candidate's Work Phone Number: _____