



Date:

School District:

Student's Name:

I understand that the above named employee has applied to the Superintendent Certification Program at Texas A&M University-Texarkana.

As superintendent of this district, I accept the opportunity to support my employee in meeting the requirements for the Superintendent Certification process. The process will require the student to work with a Texas superintendent for practicum requirements.

By joining in this partnership with A&M-Texarkana, I celebrate that my district benefits from the work and contributions of the student that I am mentoring.

Signed: \_\_\_\_\_  
Superintendent