



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 mentor and counsel the above named student during the Superintendent Certification process. I understand that my support consists of allowing time for conversations, shadowing, and leadership development, including an opportunity to provide leadership for two projects in the district.

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