Professional Goal Statement
Educational Leadership Programs

Using the space below, and additional pages as necessary, please describe the objectives you hope to achieve by completing the program and explain your reasons for seeking admission to the District-Leadership Licensure; MEd in Educational Leadership; or EdD in Educational Leadership.

Date

Signature of Applicant

Return this form to: Department of Educational Leadership
Wichita State University
Campus Box 142
Wichita, KS 67260-0142

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