Department of Leadership, Educational Psychology and Foundations
Chief School Business Official Endorsement (CSBO)
Certification-Only, Non-Degree Program Application

1. General Information

As approved by the department faculty the Chief School Business Endorsement will be offered in a certification only program in conjunction with current School Business Management programs. Students who wish to pursue this certification only option must hold a Master degree in Business Administration, Finance or Accounting or have finished a MS, Ed.S or Ed.D in Educational Administration from an accredited institution with good academic standing. Students in good academic standing with degrees from accredited institutions may not be required to submit GRE or GMAT scores. Those below this standard may be asked to provide a GRE or GMAT test score.

The certification only program will not lead to a degree but permits students to take the necessary course work for the endorsement.

2. Application Deadlines

The following annual application and supporting document deadline has been set to apply to the certification only CSBO program:

December 15, for a spring admission term

In the spring term based on application and admission totals, the Department of LEPF will start a School Business Management Cohort at a designated location.

3. Application Materials

<table>
<thead>
<tr>
<th>Document</th>
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<tbody>
<tr>
<td>Student at Large application (SAL)</td>
<td>NIU Graduate School <a href="https://ssl.niu.edu/app/application/gradbio.aspx">https://ssl.niu.edu/app/application/gradbio.aspx</a></td>
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<td>Official Transcripts</td>
<td>NIU Graduate School</td>
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<td>CSBO Certification-Only Non-Degree Program Application</td>
<td>Dept of LEPF</td>
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<tr>
<td>Letters of Recommendation (2)</td>
<td>Dept of LEPF</td>
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<td>Goal Statement – One page</td>
<td>Dept of LEPF</td>
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Transcripts are to be sent to the NIU Graduate School:
NIU Graduate School
Adams Hall – Attn: Admissions
DeKalb, IL 60115

Letter of Recommendation and the Statement of Goals are to be sent to the department:
NIU-Dept. of LEPF
Graham Hall 225
Attn: Admissions Committee
DeKalb, IL 60115
APPLICATION FOR PERMISSION TO PURSUE THE
CHIEF SCHOOL BUSINESS OFFICIAL ENDORSEMENT COURSE WORK
DEPARTMENT OF LEADERSHIP, EDUCATIONAL PSYCHOLOGY
AND FOUNDATIONS

Please type or print legibly in ink

PART I. PERSONAL DATA

Name _________________________________________ Application Date ____________

Last name First name M.I.

Address ____________________________________________

City ______________ State ______________ Zip Code ____________

Social Security Number ________________________

Home Phone Number _______________________

Work Phone Number _______________________

Employer _________________________________

Date of Birth ________________________________

E-Mail ________________________________________

PART II. ETHNIC INFORMATION (OPTIONAL)

The U.S. Department of Education requires all universities to furnish statistical data concerning
the ethnicity of applicants for admission. Your response will not affect consideration of your
application. Please check the one category that best describes your ethnic background.

1 [   ] American Indian or Alaskan Native
2 [   ] Black/ Non Hispanic
3 [   ] Hispanic
4 [   ] White Caucasian/ Non Hispanic
5 [   ] Asian or Pacific Islander
6 [   ] Other _______________________

PART III. EDUCATIONAL BACKGROUND

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<th>INSTITUTION</th>
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PART IV. NAMES OF INDIVIDUALS THAT WILL PROVIDE LETTERS OF RECOMMENDATION

________________________________________________________________________
* Letters of Recommendation are to be completed on your behalf by a professor, supervisor or employer
I hereby certify that I have read all of the enclosed materials and that the information provided on this application form and in supplementary materials is true and correct. Also, I understand that the “Permission to Pursue Certification The Chief School Business Official (CSBO) Only” program for which I am applying does not constitute admission to any academic degree program and that I will not be eligible for a degree upon the completion of the CSBO certification only program.

Furthermore, I understand that, if approved, I will be eligible to register for and enroll in College of Education courses as designated by my academic advisor with priority for these courses going to students admitted into degree programs. The time limitation on completing this program shall not exceed six years from the first course applicable towards the CSBO requirements. The Department of Leadership, Educational Psychology and Foundations follows the ISBE’s “Minimum Requirements for State Certificates” requirement standards as a minimum and may require standards that meet or exceed the ISBE’s requirements to receive the Chief School Business Official Endorsement requirements.

________________________________________
Signature of Applicant

________________________________________
Date
Letter of Recommendation to Supplement Application for Admission

This section to be completed by the applicant before form is given to writer of recommendation.

Name of applicant ____________________________ Social Security # ______

Degree sought ________ Department _____________ Major/specialization _____________

Public Law 93-380 permits the student to inspect this recommendation if the following waiver is not signed. I voluntarily waive my right of access to this recommendation under Public Law 93-380 so that it may be kept confidential.

_______________________________________________________________
Original signature of applicant (photocopied or faxed signature not acceptable)

Please rate the applicant. Compare with others of like experience and position. A letter may substitute for the portion of the form below, but should be attached to this form after the top portion is completed by the applicant.

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Context in which I have known applicant: __________________________ from ________ to ________ (as applicant’s instructor, adviser, supervisor, etc.)

General assessment of overall academic ability: Of the approximately ________ persons at a comparable educational or professional level that I have know in recent years, I would rate this applicant in the upper ______ percent.

In addition, please write a statement below indicating your opinion of the applicant's ability to pursue advanced studies and achieve professional success in the field desired. Any pertinent information is valuable, but a specific evaluation of strengths and weaknesses is more helpful than general praise. Use reverse side if necessary.

Name ____________________________ Original signature __________________
(photocopied or faxed signature not acceptable)

Position __________________________ Address ___________________________

RETURN TO: NIU- Dept. of LEPF
Graham Hall 225
Attn: Admissions Committee
DeKalb, IL 60115
Letter of Recommendation to Supplement Application for Admission

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Name of applicant _________________________________ Social Security #———
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Position _____________________________ Address __________________________________________

RETURN TO: NIU- Dept. of LEPF
Graham Hall 225
Attn: Admissions Committee
DeKalb, IL 60115
Statement of Educational Goals

Educational Background and Work Experience –

Professional Progress – (committees, awards, achievements, experience)

Expectations or Desires in School Business Management –

Short and Long Term Goals as a Future School Business Manager –

Mail to: NIU – Dept of LEPF
Graham Hall 225
Attn: Admissions
DeKalb, IL 60115