

EDAD INTERNSHIP APPLICATION FORM

Instructions: Please arrange a meeting with your program advisor and obtain the internship packet. Complete the internship application form in conference with your advisor. Return this application form to the EDAD Division Office or your advisor. The application form should be returned one week prior to the beginning of the semester or summer session.

Name _____

Address _____

Telephone (Work) _____ (Home) _____

E-mail address _____

Degree Program:

M.A.

Ed.S.

Ed.D.

Program Option:

Elementary Principal

Secondary Principal

PK-12 Principal

Superintendent.

SPED Director

Curriculum Director

Semester:

Fall

Spring

Summer

Internship:

EDAD 794 (M.A.)

EDAD 894S (Ed.S.)

EDAD 894D (Ed.D.)

Semester Hours: _____ Program Advisor: _____

Where will you complete the internship? Please identify the field supervisor, their highest degree earned, their licensure information and the school or agency, address, and telephone. If you will be interning at several sites, list all of them.

1. Name _____ Highest Degree Earned _____

School District _____ Building _____

School Address _____

Telephone (Field Supervisor) _____

Licensure Information _____ Source _____

2. Name _____ Highest Degree Earned _____

School District _____ Building _____

School Address _____

Telephone (Field Supervisor) _____

Licensure Information _____ Source _____

Internship dates:* Begin _____ End _____

(*Internship must span 6 calendar months)

Site for Diverse Shadowing Experience*: _____

(*See Diverse Shadowing Experience Guidelines for further explanation)