

APPLICATION FOR INTERNSHIP EXPERIENCE



Revised: 04/02

Department of Educational Administration and Policy Studies
School of Education

TO: Director of Leadership Research and Development

FROM: _____ (Student Name)

Please fill out the following general information about the student:

Student ID Number		Date of Birth		(For Certificate)
Address				
City		State		Zip
Phone (Home)	()	Phone (Work)	()	
Email				
Department		Program	MS	C.A.S. Ph.D.

Position currently held: _____

Current Business Address: _____

Number of years of teaching experience: _____ Number of years of administrative experience: _____

Total hours of current graduate program completed: _____

Total hours of EAPS graduate work completed: _____

Date EAPS 694 has been or will be completed: _____

Please attach (1) an outline of the proposed internship, including location, name of on-site supervisor, job description, and a description of hours and compensation and (2) a current resume outlining your career.

Signature, Student

Date

Advisor Recommendation

I recommend the above named student for the proposed intern experience.

Signature, Advisor

Date

CC: Department File
Advisor
Internship Supervisor
Student
Director of Leadership Research and Development