

APPLICATION FOR INTERNSHIP EXPERIENCE

For EAPS 896, 897, and 898



Department of Educational Administration and Policy Studies
School of Education

TO: EAPS Field Experience Coordinator

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	Advanced Graduate Certificate in: (circle one) SBL SDL SDBL	

Position currently held: _____

Current Business Address: _____

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

EAPS Coursework that will be completed prior to the start of the internship:

Child Abuse and Neglect Identification and Reporting requirement completed _____ (Date)

Safe Schools/Violence Prevention Training requirement completed _____ (Date)

Fingerprinting requirement completed _____ (Date)

Please attach (1) an outline of the proposed internship (EAPS 896, 897, or 898) including location, name of on-site supervisor, proposed job description, and a description of hours and compensation and (2) a current resume outlining your career.

Signature, Intern _____ Date _____

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

Signature, Advisor _____ Date _____

CC: Department File
Advisor
Internship Supervisor
Student
EAPS Field Experience Coordinator

Revised: 12/05