

EDUCATIONAL ADMINISTRATION PROGRAM INTERNSHIP APPLICATION
DEPARTMENT OF COUNSELING LEADERSHIP AND SPECIAL EDUCATION
MISSOURI STATE UNIVERSITY
EAD 772, 782, 783, 882, 883

INTERNSHIP APPLICATION MUST BE ON FILE IN THE DEPARTMENTAL OFFICE PRIOR TO REGISTRATION FOR THE INTERNSHIP

1. NAME _____ DATE _____
2. PRESENT ADDRESS _____ ZIP _____
3. PHONE _____ EMAIL ADDRESS _____
4. PRESENT POSITION _____ LOCATION _____ PHONE _____
5. CERTIFICATION NOW HELD (UNDERGRADUATE AND/OR GRADUATE) _____
6. PRESENT DEGREE PROGRAM PURSUED (CHECK ONE) MASTERS _____ SPECIALIST _____
7. UNIVERSITY ADVISOR _____
8. DO YOU HAVE A PROGRAM OF STUDY ON FILE? YES _____ NO _____ PENDING _____

PERIOD IN WHICH YOU DESIRE TO BE ENROLLED, IF APPLICATION IS APPROVE. PLEASE FILL IN THE APPROPRIATE DATES (FOR ALL INTERNSHIPS, IF POSSIBLE)

<u>SEMESTER/YR</u>	<u>ON-SITE INTERNSHIPS (1 HR)</u>	<u>OFF-SITE (1 HR)</u>	<u>TOTAL HRS</u>
FALL _____	ELEM _____ SEC _____ SUPT _____ SP.ED. _____	OFF-SITE _____	TOTAL _____
SPRING _____	ELEM _____ SEC _____ SUPT _____ SP.ED. _____	OFF-SITE _____	TOTAL _____
SUMMER _____	ELEM _____ SEC _____ SUPT _____ SP.ED. _____	OFF-SITE _____	TOTAL _____

<u>SCHOOL</u>	<u>EAD 772, 782, 882, 883 LOCAL SUPERVISOR & POSITION</u>	<u>POSITION HELD SINCE</u>
ELEM _____	_____	_____
MS/JR.HI _____	_____	_____
SEC _____	_____	_____
SUPT _____	_____	_____
SP.ED. _____	_____	_____

DATE UNIVERSITY ADVISOR'S SIGNATURE INTERN'S SIGNATURE

NOTICE: IF YOU HAVE A CHANGE OF ADDRESS OR PHONE, PLEASE CORRECT THE APPLICATION

-----**IMPORTANT INFORMATION AND NECESSARY SIGNATURES ON BACK**-----

BEFORE SUBMITTING YOUR APPLICATION FOR ON-SITE INTERNSHIPS, YOU MUST GET APPROVAL AND A **SIGNATURE** FROM **BOTH** YOUR **LOCAL SUPERVISOR** (THE PERSON WITH WHOM YOU WILL WANT TO DO THE INTERNSHIP), AND YOUR **DISTRICT SUPERINTENDENT OR DESIGNEE**.

DO NOT SUBMIT YOUR APPLICATION UNTIL ALL REQUIRED INFORMATION HAS BEEN FURNISHED AND ALL NECESSARY SIGNATURES SECURED!!!!!!!!!!!!!!!!!!!!!!

SIGNATURES (SECURE THE APPROPRIATE PRINCIPAL/DIRECTOR AND SUPERINTENDENT'S SIGNATURE)

_____ ELEMENTARY PRINCIPAL	_____ DATE	_____ PHONE
_____ MIDDLE SCHOOL/JUNIOR HIGH	_____ DATE	_____ PHONE
_____ SECONDARY PRINCIPAL	_____ DATE	_____ PHONE
_____ DIRECTOR OF SPECIAL EDUCATION	_____ DATE	_____ PHONE
_____ SUPERINTENDENT	_____ DATE	_____ PHONE