

**DEPARTMENT OF EDUCATIONAL ADMINISTRATION  
MISSOURI STATE UNIVERSITY  
INTERNSHIP APPLICATION  
EAD Elementary/Secondary Principal and Superintendency**

**INTERNSHIP APPLICATIONS MUST BE ON FILE IN THE DEPARTMENTAL OFFICE PRIOR TO REGISTERING FOR THE INTERNSHIP.**

**\*\* TB test, Clearance through Family Registry, and Professional Liability Insurance are required prior to enrolling in EAD 772, 782, EAD 882, 883, or EAD 884, 885.**

1. NAME \_\_\_\_\_ DATE \_\_\_\_\_
2. STREET ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_
3. PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_
4. PRESENT POSITION \_\_\_\_\_ LOCATION \_\_\_\_\_ PHONE \_\_\_\_\_
5. CERTIFICATE NOW HELD (UNDERGRADUATE AND/OR GRADUATE) \_\_\_\_\_
6. PRESENT DEGREE PROGRAM PURSUED (CHECK ONE) MASTERS \_\_\_\_\_ SPECIALIST \_\_\_\_\_
7. UNIVERSITY ADVISOR \_\_\_\_\_
8. DO YOU HAVE AN ADVISOR APPROVED PROGRAM OF STUDY ON FILE? YES \_\_\_\_\_ NO \_\_\_\_\_ PENDING \_\_\_\_\_
9. PERIOD IN WHICH YOU DESIRE TO BE ENROLLED, IF APPLICATION IS APPROVED. PLEASE FILL IN THE APPROPRIATE DATES (FOR ALL INTERNSHIPS, IF POSSIBLE)

<u>SEMESTER/YR</u>	<u>ON-SITE INTERNSHIPS (2 HOURS)</u>				<u>OFF-SITE (1 HRS)</u>	<u>TOTAL HRS.</u>
FALL _____	ELEM _____	SEC _____	SUPT _____	SP.ED _____	OFF-SITE _____	TOTAL _____
SPRING _____	ELEM _____	SEC _____	SUPT _____	SP.ED _____	OFF-SITE _____	TOTAL _____

<u>SCHOOL</u>	<u>LOCAL SUPERVISOR &amp; POSITION (PRINCIPAL/SUPERINTENDENT)</u>	<u>POSITION HELD SINCE</u>
ELEM _____	_____	_____
M.S./JR.HI. _____	_____	_____
SEC _____	_____	_____
SUPT _____	_____	_____
DIR. 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 SIGNATURE ON BACK \_\_\_\_\_

\*\*\*\*\***READ THIS**\*\*\*\*\*

FOR WHICH YOU HAVE APPLIED, COURSE CODES

- EAD 772 – On-site Internship –Part I (Elementary/Secondary Principal)
- EAD 782 – On-site Internship – Part II (Elementary/Secondary Principal)
- EAD 783 – Off-site Internship (Elementary Related Agencies)
- EAD 870/857 – Off-site Internship (Secondary Related Agencies)
- EAD 870/858 – On-site Internship – Part I (Secondary Principal)
- EAD 870/859 – On-site Internship – Part II (Secondary Principal)
- EAD 882 – Superintendent Internship – Part I
- EAD 883 – Superintendent Internship – Part II
- EAD 884 – Dir. Of Special Ed. Internship – Part I
- EAD 885 – Dir. Of Special Ed. Internship – Part II

BEFORE SUBMITTING YOUR APPLICATION FOR ON-SITE INTERNSHIPS, YOU MUST GET APPROVAL AND A SIGNATURE FROM YOUR LOCAL SUPERVISOR (PRINCIPAL, SUPERINTENDENT, OR DIRECTOR OF SPECIAL EDUCATION).

DO NOT SUBMIT YOUR APPLICATION UNTIL ALL REQUIRED INFORMATION HAS BEEN FURNISHED AND SUPERVISOR’S SIGNATURE HAS BEEN SECURED.

\_\_\_\_\_  
SUPERVISOR’S SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE