EASTERN MICHIGAN UNIVERSITY DEPARTMENT OF LEADERSHIP AND COUNSELING EDUCATIONAL LEADERSHIP PROGRAM

INTERNERSHIP APPLICATION FORM

Name: _______________________________ Student Number: E______________

Home address: __________________ Work address: __________________

_________________________  ___________________________

Home phone: ___________________________ Work phone: ____________________________

Email address: ___________________________ EMU Email Address_______________________

Employing organization: _________________________________________________________

Current position: ______________________________________________________________

Teaching experience: Total years: __________

Elementary yrs: __________ Secondary yrs: __________ Higher Ed. yrs: __________

Administrative experience: Position       Years

*****************************************************************************

Internship semester/term: ☐ FA  ☐ WI  ☐ SP  ☐ SU  Year: 20_______

Type of Internship:

Master’s: ☐ 1 hr 686  ☐ 2 hr 687  ☐ 3 hr 688  ☐ 4 hr 689

Specialist’s/Doctoral: ☐ 1 hr 786  ☐ 2 hr 787  ☐ 3 hr 788  ☐ 4 hr 789

INTERNERSHIP ASSIGNMENT:

District/Agency____________________________________________________________

Mentor/Supervisor______________________________________Title_____________________

Address_______________________________________________________________________

______________________________________________________________________________

Mentor’s Telephone_____________________________________________________________

Mentor’s E-Mail ________________________________________________________________

Revised 5/5/2010
INTERNSHIP EXPERIENCE (CHECK ONE)

___ Elementary Principal  ____ School Public Relations Director
___ Middle/Jr. High Principal  ____ Community Education Director
___ Senior High Principal  ____ Adult Education Director
___ Superintendent  ____ Community College Administrator
___ School Personnel Director  ____ Intermediate School Administrator
___ Assistant/Associate Superintendent  ____ Higher Education Administrator
___ Director of Instruction  ____ Other (Please specify below)
___ Curriculum Coordinator
___ School Business Manager

******************************************************************************

Return the original APPLICATION, RESUME, PROGRAM OF STUDY, SELF-ASSESSMENT, CRIMINAL HISTORY VERIFICATION and INTERNSHIP PLAN to:

Director of Interns
Educational Leadership Program
John W. Porter Building, Suite 304
Eastern Michigan University
Ypsilanti, MI 48197

IMPORTANT:

Permission to register will be granted only AFTER these items have been received.

**Diversity Experience**

In EDLD 509 - Educational Leadership in a Pluralistic Society, you were to participate in a field based experience related to an identified diversity group (e.g., ethnicity, race, socioeconomic status, gender, language, religion, or exceptionalities). Please describe this field based experience:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

In your internship, as per ELCC Standard 4.0, you will need to incorporate experiences that were not covered in your EDLD 509 experience.

THIS IS CRITICAL IN DEVELOPING YOUR INTERNSHIP PLAN.
Criminal History Record

Public Act 68 of f1993 requires that an individual’s criminal background be checked in order to receive a Michigan teaching certification. It is assumed that if you are working in a school as a teacher or administrator this has already been done. Therefore, all that is required is for your supervising mentor to sign this verification.

I ____________________________ verify that ___________________________________________ is a certified teacher and has had the necessary criminal background check on file with the district's personnel office.

_____________________________________ Date_________________
Supervisor (Signature)

If you are a K-12 intern who is not certified or a higher education general administration intern you will need to complete and submit a criminal history background and submit this with this application. This information is confidential and will not be distributed to anyone other than the internship director.

To secure a criminal history record you will need to go to: www.michigan.gov/ichat. There is a $10.00 fee for this service.
INTERNSHIP AGREEMENT
Eastern Michigan University Educational Leadership Program

The purpose of this agreement is to ensure that the internship experience is productive and beneficial to all parties. This agreement outlines the obligations of the intern and the organization hosting the intern.

This internship agreement is between _________________________________ a student at Eastern Michigan University and ______________________________________ which has agreed to serve as a partner organization in the EMU Educational Leadership Internship Program. This internship will begin upon ________________________________ and will be completed upon_________________________________.

Intern Agreement

I, ________________________________________, acknowledge that I have been given a unique opportunity to gain valuable professional experience. I have reviewed the attached internship plan and feel confident that I will be able to fulfill the duties described in a timely and professional manner. I also acknowledge that this internship is to be considered an academic experience and that my performance will be evaluated based upon the following criteria:

• My ability to perform in a professional manner, as indicated by my ability to arrive on time, my ability to meet deadlines, my ability to take initiative in learning, and my ability to interact professionally with my mentor and colleagues;
• my learning during the internship, as indicated by my ability to fulfill my internship plan and the development of the skills identified in this plan;
• the evaluation of my mentor;
• an internship notebook to be completed at the conclusion of my internship documenting and describing my learning experience.
Mentor Agreement

I, ___________________________________, agree to mentor ___________________________ as an
intern at ____________________________________. I acknowledge that this will be an academic
experience as well as a professional experience for the intern, and agree to provide learning assistance
and supervision throughout the internship. I certify that during the internship,
______________________________________ will gain experience with the leadership skills outline in the
attached internship plan. I agree to consult with both the intern and the internship coordinator throughout
the duration of the internship experience.

Internship Director Agreement

I, ___________________________________, have reviewed the attached internship plan and agree that
it will be a valid academic learning experience. Based upon my interaction with the student, I feel
confident that they will be able to successfully complete the goals for the internship as outlined in the
internship plan.

________________________________________  ____________________
Intern’s Signature                          Date

________________________________________  ____________________
Mentor’s Signature                         Date

________________________________________  ____________________
Internship Director’s Signature            Date