

EASTERN MICHIGAN UNIVERSITY DEPARTMENT OF LEADERSHIP AND
COUNSELING EDUCATIONAL LEADERSHIP PROGRAM

INTERNSHIP APPLICATION FORM

Name: _____ Student Number: E _____

Home address: _____ Work address: _____

Home phone: _____ Work phone: _____

Email: _____ EMU Email _____@emich.edu

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

INTERNSHIP ASSIGNMENT:

District/Agency _____

Mentor/Supervisor _____ Title _____

Address _____

Mentor's Telephone _____

Mentor's E-Mail _____

INTERNSHIP EXPERIENCE (CHECK ONE)

- | | |
|---|--|
| <input type="checkbox"/> Elementary Principal | <input type="checkbox"/> School Public Relations Director |
| <input type="checkbox"/> Middle/Jr. High Principal | <input type="checkbox"/> Community Education Director |
| <input type="checkbox"/> Senior High Principal | <input type="checkbox"/> Adult Education Director |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Community College Administrator |
| <input type="checkbox"/> School Personnel Director | <input type="checkbox"/> Intermediate School Administrator |
| <input type="checkbox"/> Assistant/Associate Superintendent | <input type="checkbox"/> Higher Education Administrator |
| <input type="checkbox"/> Director of Instruction | <input type="checkbox"/> Other (Please specify below) |
| <input type="checkbox"/> Curriculum Coordinator | _____ |
| <input type="checkbox"/> 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
Supervisor (Print)

_____ is a certified teacher and has had
Intern (Print)

the necessary criminal background check on file with the districts 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 your 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
Student Name
Michigan University and _____ which has agreed to serve as a
Organization
partner organization in the EMU Educational Leadership Internship Program. This internship will begin
upon _____ and will be completed
Date
upon _____.
Date

Intern Agreement

I, _____, acknowledge that I have been given a unique
Intern
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.

