

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 address: \_\_\_\_\_

Employing organization: \_\_\_\_\_

Current position: \_\_\_\_\_

Teaching experience: Total years: \_\_\_\_\_

Elementary yrs: \_\_\_\_\_ Secondary yrs: \_\_\_\_\_ Higher Ed. yrs: \_\_\_\_\_

Administrative experience: Position Years

\_\_\_\_\_  
\_\_\_\_\_

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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            | _____                                                      |

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Return the original APPLICATION (along with two copies), RESUME, PROGRAM OF STUDY, SELF-ASSESSMENT 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.

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**\*\*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 CIRITICALL IN DEVELOPING YOUR INTERNSHIP PLAN.**