

EASTERN MICHIGAN UNIVERSITY

Department of Leadership and Counseling

**EDUCATIONAL LEADERSHIP
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
_____	_____	_____
_____	_____	_____

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 _____

EASTERN MICHIGAN UNIVERSITY

Department of Leadership and Counseling

INTERNSHIP EXPERIENCE (CHECK ONE)

Elementary Principal

Middle/Jr. High Principal

Senior High Principal

Superintendent

School Personnel Director

Assistant/Associate Superintendent

Director of Instruction

Curriculum Coordinator

School Business Manager

School Public Relations Director

Community Education Director

Adult Education Director

Community College Administrator

Intermediate School Administrator

Higher Education Administrator

Other (Please specify below)

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.

For Office Use Only

INITIAL CONFERENCE DATE: _____

COMMENTS: _____

Director of Interns

District/Agency Administrator