

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: \_\_\_\_\_ 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

**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, 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.

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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 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](http://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.

## Mentor Agreement

I, \_\_\_\_\_ agree to mentor \_\_\_\_\_ as an  
Mentor Intern  
intern at \_\_\_\_\_. I acknowledge that this will be an academic  
Organization  
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  
Intern  
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  
Internship Director  
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