

THE COLLEGE OF SAINT ROSE EDUCATION ADMINISTRATION PROGRAM

**INTERNSHIP APPLICATION FORM**

SUBMIT WITH PROPOSAL TO:

*Lydia Parris/ Ilene Agranoff,*  
 Internship Coordinators  
**CITE**  
**3678 Oceanside Road West, Suite 202**  
**Oceanside, NY 11572**

Name of Student:		ID #:	
Street:		Cell Phone: (    ) -	
City:		State	Zip:
Work Address:		Phone:	
(SCHOOL/AGENCY)			
Street:		Phone:	
City:	State	Zip:	
E-mail:			
Present certification(s) held:			
Years of teaching:			
Years of Administrative:			
Experience:			
Name of school district/agency in which internship will be carried out:			
School or Building:			
Superintendent or person in charge:			
Site supervisor (name and title):			
Title of internship position:			
Daily schedule: a. Internship			
B. Other work			
Internship dates:			
Student Signature:		Date:	
Principal Signature:		Date:	