THE COLLEGE OF SAINT ROSE EDUCATION ADMINISTRATION PROGRAM

**INTERNSHIP APPLICATION FORM**

*SUBMIT WITH PROPOSAL TO:* Internship Coordinator – Educational Administration Program

 ilene@citeonline.com

|  |  |
| --- | --- |
| Name of Student:  | ID #:  |
| Street:  | Cell Phone: ( ) -  |
| City: | State  | Zip:  |
| School/Agency:  | Phone: |
| Work Address: |
| Street:  | Phone:  |
| City: | State  | Zip: |
| E-mail:  |
| Present certification(s) held:  |
| Years of teaching:  |
| Years of Administrative Experience: |
| Experience: |
| Name of school district/agency in which internship will be carried out: |
| School or Building: |
| Building Address:  |
| 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:  |

**\* Note:** The intern must show how 600 hours will be spent over the course of the internship.

**All** sections/materials of the internship application must be completed before it is submitted.

**Note:** Internship hours must total a **minimum** of 600 hours, including 100 hours at the district level.