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.