

**INTERNSHIP REQUEST**  
**Educational Leadership Program**

Name \_\_\_\_\_

<b>Last</b>	<b>First</b>	<b>Middle</b>
Campus Address (Local) _____		

<b>Street</b>	<b>Town/City</b>	<b>State</b>	<b>Zip</b>
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Permanent Address (Home) \_\_\_\_\_

<b>Street</b>	<b>Town/City</b>	<b>State</b>	<b>Zip</b>
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Through which address can we reach you just before your internship begins? \_\_\_\_\_ Local \_\_\_\_\_ Home

Local Telephone ( ) \_\_\_\_\_ Permanent Telephone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**Briefly describe the internship activities which you will be performing**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Conditions to be met**

Are you currently matriculated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you completed at least five prerequisite courses in EDAD at St. Lawrence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If this is a request for a part-time internship, will you have at least \_\_\_\_\_ Yes \_\_\_\_\_ No

four class periods, exclusive of the lunch period, free of other duties for the internship?

**Administrative Internship Options**

\_\_\_\_\_ **OPTION 1** Full-time for 1 semester (15 weeks) = 400 clock hours Proposed start date: \_\_\_\_\_

\_\_\_\_\_ **OPTION 2** Half-time for 2 semester (30 weeks) = 400 clock hours Proposed start date: \_\_\_\_\_

*Experiences in the regional summer schools may, upon request, be integrated into the leadership/internship experience.*

School District Placement(s) \_\_\_\_\_

**Signature**

It is understood by the superintendent that the intern will be provided with learning opportunities as outlined in the University's Educational Leadership Handbook. These experiences are aligned with state standards and will be useful to the school and will meet the present developmental and experiential needs of the student.

\_\_\_\_\_  
**Intern**

\_\_\_\_\_  
**School Superintendent**

\_\_\_\_\_  
**Program Coordinator**

\_\_\_\_\_  
**Intern Supervisor in School**