

Educational Administration Program

# Internship–Proposed Plan

Please type this form.

**TO THE APPLICANT:** Please provide a link to this form to your internship supervisor. (NOTE: Internship supervisors must be fully certified and have served three years in the role.) You will upload the completed form, including signatures, into your online application. **Please be aware that any offer of admission is contingent upon the applicant meeting all local school district requirements for the selection and approval to complete an administrative internship.**

Legal Name (last, first, middle)
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**TO THE SUPERVISOR:** Please complete this form and return it to the applicant.

Name and address of building or site in which applicant will complete internship:
Brief description of internship setting: (i.e. elementary, middle or high school; size of school or district office; description of student population)
Proposed schedule and timeline for completion of state required 720-hour (principal certificate) or 360-hour (program administrator certificate) internship: (i.e. full days, half days, planning periods, activities, responsibilities. Attach additional sheets if necessary.)

Supervisor name	Title	
Supervisor signature	Date	Phone number (       )
Superintendent or designee signature	Date	Phone number (       )
Intern signature	Date	Phone number (       )