



INTERNSHIP PLAN COVER SHEET
Initial Superintendent's Certificate Program

Intern's Name: _____ Date: _____
(please print legibly)

Intern Signature: _____

Superintendent's Name: _____ Date: _____
(please print legibly)

Superintendent's Signature: _____

School District: _____

University Supervisor's Name: _____ Date: _____
(please print legibly)

University Supervisor's Signature: _____