

Woodring College of Education
 Preparing thoughtful, knowledgeable, and
 effective educators for a diverse society.

Department of Educational Leadership

REQUEST FOR INTERNSHIP

Name	_____	Date	_____
Home Address	_____		
City/ZIP	_____	Course No.	EDAD 692
Home Phone	_____	Course Name	Field Exp in Admin for the Supt
E-Mail Address	_____		
		Internship Years	_____
Present Position	_____	School District	_____
Work Address	_____	District Address	_____
City/ZIP	_____	City/ZIP	_____
Work Phone	_____	Superintendent	_____
Work E-mail	_____	Supt. Phone	_____

Internship Qualifications

Did you submit a letter of recommendation from your mentoring superintendent with your program application?

 Yes No If no, please do so immediately.

Which type(s) of Washington State certification do you hold?

<input type="checkbox"/> Teaching	<input type="checkbox"/> ESA	<input type="checkbox"/> Principal	<input type="checkbox"/> Program Administrator
Cert No: _____	Cert No: _____	Cert No: _____	Cert No: _____
Exp Date: _____	Exp Date: _____	Exp Date: _____	Exp Date: _____

Number of years administrative experience: _____

Present administrative responsibilities: _____

Mentoring Superintendent's Approval

Two-year internship is tentatively approved by your mentoring superintendent, as shown by the signature below.

 Mentoring Superintendent

 Date

Educational Work Experience

Please list your educational work experience, most recent first.

Dates of Employment	School	District	Grades	Assignment
From: To:				

Internship District

Name _____

Address _____

City/ZIP _____

Phone _____

Fax _____

URL http:// _____

Student Population _____

Staff Population _____

Mentoring Superintendent

Superintendent's Name _____

How long have you worked with this Superintendent? _____

How long has s/he been Superintendent? _____

How long has s/he been with this district? _____

Other _____

Other _____

Internship Time

Please describe your anticipated plan to allocate time to your internship.