

INTERNSHIP APPLICATION -- ANGELO STATE UNIVERSITY

Select one: ____ CI 6319 OR ____ CI 6388

1. NAME: _____ DATE: _____

2. PHONE: Work: _____ Cell: _____ Home: _____
(Optional) (Optional)

3. E-MAIL: Work: _____ Home: _____
(Optional)

4. MAIL ADDRESS: *(This may be your place of employment mail address if you prefer.)*

Street; P. O. Box; Apartment City ZIP

5. EMPLOYER & CURRENT POSITION: (1) _____
(Your current position of employment)

(2) _____
(Name and Address of the campus where you work)

(3) _____
(Your Immediate Supervisor, Phone Number, and ISD E-Mail)

6. DISTRICT SUPERVISOR AND SITE(S) OF THE INTERSHIP.

(1) Where will you complete the internship? _____

(2) Give the date and semester/term you want to register: _____

(2) Your field supervisor who will mentor and supervise you during the internship:

His/Her Name: _____ Position: _____

Office Phone: _____ ISD E-mail: _____

IMPORTANT NOTE: *You must submit a hard copy with the original signature of your ISD supervisor which states that he or s he is willing to supervise and mentor you. Bring or mail this letter to your instructor.*

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(Candidate's Name)

(Course No.)

7. **SELECT ONE:** ☐ **M. Ed. In Administration & Principal Certification**
 ☐ **Principal Certification Only**
 ☐ **Superintendent Certification Only**

8. **COURSES COMPLETED:** List below **courses already completed** in your program.

<u>Course Number</u>	<u>Title</u>	<u>Date Completed</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. **COURSES NOT COMPLETED:** List below the courses you have **not yet completed**.

<u>Course Number</u>	<u>Title</u>
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_____	_____
_____	_____
_____	_____

_____ **APPROVAL GRANTED**

_____ **APPROVAL DENIED**

DATE: _____

ASU Instructor or Major Advisor)