

ADMINISTRATIVE INTERNSHIP APPLICATION

RETURN APPLICATION TO: Internship Coordinator, Educational Administration, College of Education
1155 UNION CIRCLE # 310740, Denton, TX 76203-5017 or FAX # 940-565-4952
Or Deliver to Program Office located in Matthews Hall, Suite 218 - Phone 940/565-2175

CHECK ONE: ___ EDAD 5500 - Principal Internship ___ EDAD 6033 - Superintendency Internship

NOTE: PLEASE READ THE FOLLOWING CAREFULLY

University enrollment and registration procedures must be followed in order to enroll in the Internship Program. Enrollment in the Internship Program is restricted to those students who have completed the four core courses: EDAD 5300, 5330, 5390 and 5400. Each student must obtain permission to enroll in the Internship Program using this form, which must be filed in the Program Office by the appropriate deadline. Applications received AFTER the deadline will be placed on a waiting list. **Deadlines are:** October 1 for spring; February 1 for summer; March 1 for fall. Applications are processed in the order in which they are received; by date/time received in the program office.

Applicants will receive a notice of acceptance by August 20 for the fall internship; by April 20 for summer internship; by December 20 for the spring internship. Students do NOT early register for internship. Registration information will be sent to students with the notification of acceptance. PLEASE NOTE: There will be a compulsory internship orientation meeting prior to or at the beginning of each semester. The date, time, and location of the meeting will be included in the notification/acceptance letter. Please include personal and work E-mail addresses on this application. Contact this office if there is a change of: address, email, phone nos., position, school, district, administrator change at your school or district. If you change positions, schools and/or districts, please submit a "REVISED" application to the program office immediately.

DEADLINE COULD BE EARLIER THAN LISTED IF SEMESTER CAPACITY IS REACHED. APPLY EARLY!!!

Name: _____ UNT Student ID Number: _____

Permanent Address: _____
(Street) (City) (State) (Zip)

Current School/District/Office Employment: _____

Home Phone:() _____ Personal E-mail address: _____

Work Phone:() _____ Work E-mail address: _____

Fax Number/s: _____
Work Fax Personal Fax

I request approval to enroll in the above internship certification program during the
SPRING or SUMMER or FALL

ENTER YEAR ABOVE

I request assignment in (DISTRICT AND CITY): _____

Under the supervision of ISD Cooperating Administrator (Dr., Mr., or Ms.): _____

Cooperating administrator job title: _____ Work Phone: () _____

Name of School/Office: _____

School/Office address: _____
(Street) (City) (State) (Zip)

District Superintendent's name (Dr., Mr. or Ms.): _____

Superintendent's office address: _____
(Street) (City) (State) (Zip)

Superintendent's office phone:() _____ Office fax: _____ Email: _____

NOTE: It is the responsibility of the student to furnish COMPLETE, ACCURATE and LEGIBLE information for each of the above items! Incomplete applications will be returned to the student!