

**APPLICATION FOR INTERNSHIP - ADMS 672**  
**EDUCATIONAL LEADERSHIP**

**All parts of the application and accompanying documents must be typed or written legibly.**

Applications are due **April 15<sup>th</sup>** for Fall internship; **October 30<sup>th</sup>** for Spring; and **March 15<sup>th</sup>** for Summer. Summer internships are limited and no one who can take the Internship later will be allowed in early. Students meeting prerequisites may take the Internship course during either of their last two semesters. When appropriate sections below have been completed, return this form to your advisor.

**SECTION A:**

NAME \_\_\_\_\_ VCU ID# \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

DAYTIME TELEPHONE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

**SECTION B:**

SEMESTER FOR PLACEMENT: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ YEAR: \_\_\_\_\_

**ARE YOU ARRANGING AN "ON THE JOB SITE" INTERNSHIP PLACEMENT WITH YOUR CURRENT EMPLOYER?**

**NO** \_\_\_\_\_ APPLICATION MUST BE ACCOMPANIED BY TWO COPIES OF YOUR RESUME. VCU TRANSCRIPTS WILL BE REQUESTED FOR YOU BY THE OFFICE OF ACADEMIC SERVICES. IF YOU NEED ASSISTANCE FROM THE VCU SCHOOL OF EDUCATION IN SECURING A PLACEMENT, PLEASE PLACE A CHECK MARK HERE: \_\_\_\_\_. IF YOU ARE ARRANGING AN INTERNSHIP PLACEMENT OUTSIDE OF YOUR HOME SCHOOL DIVISION, PLEASE PLACE A CHECK MARK HERE \_\_\_\_\_ AND COMPLETE SECTION C.

**YES** \_\_\_\_\_ If you have already negotiated your internship within your home school system, please list the name of that particular school and division IN SECTION C . Have the principal and appropriate supervisor sign off in SECTION C.

**SECTION C:**

NAME OF SCHOOL DIVISION/SCHOOL OR AGENCY REQUESTED

1<sup>ST</sup> CHOICE: \_\_\_\_\_ 2<sup>ND</sup> CHOICE: \_\_\_\_\_

DESIRED PLACEMENT LEVEL: ELEMENTARY, K-4 \_\_\_\_\_ MIDDLE, 4-8 \_\_\_\_\_ SECONDARY, 8-12 \_\_\_\_\_  
OTHER \_\_\_\_\_

TEACHER CERTIFICATION CURRENTLY HELD: COLLEGIATE PROFESSIONAL \_\_\_\_\_ PROVISIONAL \_\_\_\_\_  
POSTGRADUATE PROFESSIONAL \_\_\_\_\_ NONE \_\_\_\_\_

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(SITE SUPERVISOR/PRINCIPAL SIGNATURE)

\_\_\_\_\_  
(CENTRAL OFFICE DESIGNEE SIGNATURE)

**SECTION D: DO NOT WRITE BELOW THIS LINE - APPROVED VCU/SOE USE ONLY**

\_\_\_\_\_  
ADVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIVISION HEAD SIGNATURE

\_\_\_\_\_  
ASSOCIATE DEAN'S SIGNATURE

RETURN THIS FORM TO YOUR ADVISOR