

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 15th** for Fall internship; **October 30th** for Spring; and **March 15th** for Summer. Summer internships are limited and no one who can take the internship later will be allowed in early. The M.Ed. endorsement students can apply if they will have **completed 27 credits** prior to beginning the internship. Post-Masters Certificate students must do their internship in the **last third of their coursework and have already furnished evidence of computer literacy**. 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

1ST CHOICE: _____ 2ND 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 to your advisor OR:

VCU
 School of Education, Student Services Center
 P.O. Box 842020, Room 3106
 Richmond, Virginia 23284-2020