

APPENDIX I

Proposed Internship Schedule

Name _____
Last First MI Maiden

SS# _____ Email Address: _____
Work (daytime) phone: _____

Internship Position Title: _____
Beginning and Ending Dates of Internship: Begin _____ End _____
Host District for the Internship _____
School District Bldg _____
Field Internship Supervisor _____

Title and Name
(_____) _____
Field Supervisor's Phone

IF NOT FULL DAY:

Daily Schedule of work showing times, periods, and responsibilities:

From:	To	Describe your Duties:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Educational Administration courses to be completed during the internship _____

You must be:

Admitted to Program	Yes _____	No _____
Admitted to Degree Candidacy	Yes _____	No _____

Student Signature Date

Internship Coordinator Approval Date