

Internship Information for Office Database:

PERSONAL INFORMATION:

First Name _____ MI _____ Last Name _____
Home Street Address _____
City _____ State _____ Zip _____
Home Phone with area code _____
Daytime Phone (_____) _____ Daytime Fax _____
SS# _____ Date of Birth _____
Other Name(s) on Teaching Certificate _____
Email Address: _____

INTERNSHIP INFORMATION: (Please complete each line).

Internship Position (Title) _____
School District _____
Supervisor's First Name _____ Last Name _____
School Street Address (specific Mailing address) _____
City _____ State _____ Zip _____
Supervisor's Phone Number _____
Supervisor's Email (school) _____
Internship Begins _____ Internship Ends _____

OFFICE USE: (Please do not complete).

- Formally Accepted into CAS Program
- Applied for Degree Candidacy
- Department applied for Internship Certificate from NYS Education Dept.
- Registered for EAD 695 Internship Section.

HELP!!!! Complete and correct information is critical – if you are unsure, please take form with you to get information, then mail it to: Educational Administration Department, 303 Park Hall, Oswego, NY 13126.