

APPENDIX I
Proposed Internship Schedule

FORM MUST BE COMPLETE

Name _____
Last First MI

SUNY ID _____ SUNY Oswego email: _____
Other email: _____
Work (daytime) phone: _____

All information must be completed:

Internship Position Title: _____
Beginning and Ending Dates of Internship: Begin _____ End _____
Host District for the Internship _____
School District Bldg _____
School District Internship Supervisor _____
Name (complete) and Title _____
Official Mailing address of District _____

(_____) _____
School District Supervisor's Phone _____
Supervisor's Email: _____

Daily Schedule of work showing times, periods, and responsibilities: **(MUST BE COMPLETED)**

Describe your
From: _____ To _____ Duties: _____

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

You must be admitted to **Program** and **Degree Candidacy** and have **completed 15 credit hours**.

Candidate's Signature/Date Department Chair Signature/Date

Candidates also need to submit a letter from the District Superintendent addressed to Department Chair (from district where internship will occur). It needs to be on district letterhead (and mailed directly to the Ed. Admin. Dept. campus office) and include the following: (1) Board of Education approval for Internship; (2) dates, times and location of internship; (3) responsibilities of intern; (4) contact information of direct supervisor of intern; and (5) title of intern position (if any). Letter should be mailed to department office.

Office Use Only:
____ Taken EAD 601, EAD 610 and 3 additional hours (15 hours required)
____ Submitted Application for Degree Candidacy to Graduate Studies Office
____ Received Letter from District Superintendent identifying duties, times, and title (if any).
____ **DASA** Training document submitted to Ed. Admin.
____ Internship Approved by Dept. Chair
____ Notify Registrar's Office "approved to recommend".