

ADMINISTRATIVE INTERNSHIP PROGRAM APPLICATION

Name Employee ID Current Professional Assignment

Home Address/Zip Code Current School/Department

Home Phone Email Address

Proposed Internship Site/Administrator Internship Site Phone

Spring Summer Fall 20

Dates of Internship Number of Units

Major Field

Minor Field

- Bachelor of Arts Degree _____
- Masters Degree _____
- Doctorate's Degree _____

Date of admission into approved program for administrative certification in an institute of higher education.

Name of university and the internship program supervisor.

Type of administrative certificate desired – [supervisory, principal, superintendent].

Signature of TUSD Intern Supervisor

Name & Title

Date

Signature of Regional Asst. Superintendent

Name & Region No.

Date

Signature of TUSD HR Leader

Name & Title

Date