



APPLICATION FOR GRADUATE INTERNSHIP

Dept. of Educational Leadership
(561) 297-3550

Semester _____

Date _____

Name: _____
(Last) (First) (Middle)

SS#: ____ - ____ - ____

Email Address: _____

Mailing Address: _____
(Street, City/State, Zip Code)

Telephone Number: _____

Home Address: _____
(Street, City/State, Zip Code)

Telephone Number: _____

School which you will be assigned:

Name	County	Phone #
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Your Educational Leadership Advisor: _____

Your FAU Administrative Intern Supervisor: _____

Your School Supervisor: _____

Student Signature: _____

Advisor Signature: _____

Department Chair Signature: _____

Please contact the Educational Leadership office for **GENERAL INTERNSHIP POLICIES & PROCEDURES**. (561) 297-3550

** This form may be viewed and printed from Microsoft Word.*