



YORK COLLEGE OF PENNSYLVANIA

INTERNSHIP IN EDUCATIONAL LEADERSHIP

Administrative Internship Application

I am applying to enroll in the following: (check the internship experience you are selecting)

_____ MED 594 Administrative Internship (one-semester; 3 credits)

_____ MED 595 Administrative Internship I, and MED 596 Administrative Internship II
(two-semesters; 4 credits)

Check the term(s) during which you wish to conduct your Administrative Internship:

____ Fall ____ Spring ____ Summer Semester Year _____

Name: _____ Date: _____

Student ID Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

School District:

School Name: _____

School Address: _____

City: _____ State: _____ Phone: _____

Position: _____ Years in Current Position: _____

Total Years Teaching Experience: _____

Total Number of Years Working in Pennsylvania Schools under a Pennsylvania Certificate: _____

Your Internship Supervising Principal: _____

Years Experience in District: _____ Years as Administrator: _____ Years in Education: _____

Degree(s) Held: _____ Certificates Held: _____

Phone: _____ e-mail: _____

M.Ed. Program Mentor: _____

Have you discussed your internship experience with both your supervising principal and mentor?

_____ Yes: date(s) SP: _____ Mentor: _____ No _____

Semester of Expected M.Ed. program Completion: _____

Semester of Expected Graduation: Fall Spring Summer 200__

I plan to take the *Administration and Supervision PRAXIS* (0410) on: _____

List the MED courses you have completed and the grades you have earned thus far in the program:

COURSE	GRADE	COURSE	GRADE
		Other - Specify	

Master's GPA: _____ Advisor's Signature _____

Student's Signature

Date