

WESTMINSTER COLLEGE GRADUATE SCHOOL  
**INTERNSHIP APPLICATION**  
EAD 990 INTERNSHIP – SUPERINTENDENT

Name: \_\_\_\_\_

School District: \_\_\_\_\_

Home Address: \_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Courses Completed:      EAD 900  
                                    EAD 901  
                                    EAD 902

EAD 903  
EAD 970

Signatures

A) \_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Date

B) \_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Title

School District: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

C) \_\_\_\_\_  
College Supervisor's Approval

\_\_\_\_\_  
Date