

**Westminster College
Graduate Education Program**

**APPLICATION FOR
EAD 980: INTERNSHIP IN SCHOOL ADMINISTRATION & SUPERVISION**

Name _____ Date _____

Address _____ Phone _____

_____ City _____ State _____ Zip _____

Present Position _____

Employer _____ Phone _____

Address _____

_____ City _____ State _____ Zip _____

Administrative specialization courses completed:

Other courses completed:

Internship Mentor _____ Title _____

Superintendent of Schools _____

Others who may be involved in the Internship _____

Note: A meeting will be scheduled prior to the beginning of the internship with the mentor, intern, and college supervisor to finalize agreement and approve final internship plan.

**RETURN APPLICATION TO: Robert Zorn, Director of Graduate School
Westminster College
267 McKelvey Campus Center
New Wilmington, PA 16172**