

SAGE/CITE INTERNSHIP APPLICATION

INTERNSHIP APPLICATION FORM

SUBMIT WITH PROPOSAL TO: Internship Coordinator - Educational Administration Program
mike@citeonline.com

Name of Student:		ID #:	
Street:		Cell Phone: () -	
City:	State	Zip:	
School/Agency:		Phone:	
Work Address:			
Street:		Phone:	
City:	State	Zip:	
E-mail:			
Present certification(s) held:			
Years of teaching:			
Years of Administrative Experience:			
Experience:			
Name of school district/agency in which internship will be carried out:			
School or Building:			
Building Address:			
Superintendent or person in charge:			
Site supervisor (name and title):			
Title of internship position:			
Daily schedule: A. Internship*			
B. Other work			
Internship dates:			
Student Signature:		Date:	

* **Note:** The intern must show how 600 hours will be spent over the course of the internship.

All sections/materials of the internship application must be completed before it is submitted.

Note: Internship hours must total a **minimum** of 600 hours, including 100 hours at the district level.