



APPLICATION FOR ADMISSION
EDUCATIONAL LEADERSHIP INTERNSHIP

School of Education
College of Arts, Education, and Sciences
The University of Louisiana at Monroe

DATE: \_\_\_\_\_

1. FIELD EXPERIENCE FOR: \_\_\_\_\_ SEMESTER: \_\_\_\_\_ (YEAR) \_\_\_\_\_

2. NAME (PRINT) \_\_\_\_\_
FIRST MIDDLE LAST

3. HOME ADDRESS \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_
CITY STATE ZIP WORK ( ) \_\_\_\_\_
PHONE

4. PRESENT POSITION \_\_\_\_\_ E-MAIL \_\_\_\_\_

5. NAME AND ADDRESS OF SCHOOL WHERE YOU HOLD A POSITION:
SCHOOL ( ) \_\_\_\_\_
PHONE \_\_\_\_\_
CITY STATE ZIP

6. INDICATE BELOW HOW MANY GRADUATE HOURS YOU WILL HAVE EARNED IN OUR PROGRAM PRIOR TO THE DATE YOU EXPECT TO BEGIN YOUR INTERNSHIP.

7. HAVE YOU PASSED THE SCHOOL LEADER LICENSURE ASSESSMENT (SLLA) ? \_\_\_ YES \_\_\_ NO
(YOU MUST PASS THE SLLA TO COMPLETE EDLE 5060)

8. ARE YOU CURRENTLY WORKING IN AN ADMINISTRATIVE POSITION? IF YES, EXPLAIN.
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

9. INDICATE THE EXPERIENCES YOU DESIRE IN THIS INTERNSHIP
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

10. WHAT ARE YOUR FUTURE PLANS IN EDUCATION (PRINCIPALSHIP, SUPERVISORY POSITION, SUPERINTENDENT, CLASSROOM TEACHING, ETC.?)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

11. WHERE WOULD YOU LIKE TO BE ASSIGNED FOR YOUR INTERNSHIP EXPERIENCE?
SITE/SCHOOL \_\_\_\_\_
LOCATION \_\_\_\_\_
ADMINISTRATOR \_\_\_\_\_