



School of Education
University of Louisiana at Monroe

STATEMENT OF ACCEPTANCE
Educational Leadership Internship

EDLE 5055 _____ EDLE 5060 _____ Both _____

I approve (Mr. /Ms.) _____ for an internship during the
_____ of _____ and agree to assist with his/her field experiences.
(Spring) (Fall) (School Year)

I understand that the Internship involves a variety of administrative and supervisory experiences on-site, in another school, or a central office setting for a minimum of 120 clock hours per semester.

I am willing to work with this intern and the supervisor from the University of Louisiana at Monroe from the School of Education in developing and completing an agreed upon set of experiences and projects.

Signature of School Supervisor

Print Name

Date

Field Supervisor Information

Name of School Supervisor: _____

Title of Supervisor: _____

Name of School: _____ District: _____

School Address: _____

School Phone: _____ School E-mail: _____

Candidate Signature

Date