

Department of Leadership Application for Field Studies

I. Student Information:

SS#: _____
Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Email: _____

Current School: _____
Present Position: _____
Present Administrator: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email: _____

II. Requested Schools for Field Experience:

First Placement: _____
Address: _____
Phone: _____ Fax: _____
Principal's Name: _____

Second Placement: _____
Address: _____
Phone: _____
Principal's Name: _____ Fax: _____

Other possible field experiences: _____
Address: _____
Phone: _____ Fax: _____
Name of Mentor: _____

III. Student Program Information

_____ Licensure Only	_____ Spring 2005
_____ Master's w/Licensure	_____ Fall 2005
_____ Education Specialist and Licensure	_____ Spring 2006
_____ Leadership Doctorate w/Licensure	_____ Fall 2006

IV. Student Responsibility

It is the sole responsibility of the student to assure that all appropriate persons have been contacted for clearance and approval to be considered as an intern in the district desired. Students not obtaining this approval in advance will not be allowed to pursue the field experience in the semester requested.

Student's Signature

Date

Advisor Signature

Date

Chair's Signature

Date

Complete and submit to The Department of Leadership secretary by the first week of the semester prior to the semester in which you wish to complete your Field Studies requirement.