



**Western Illinois University**  
**College of Education and Human Services**  
**School of Education/ Educational Leadership Programs**

**Educational Leadership Internship Application**

Name: \_\_\_\_\_ WIU I.D. # \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Application Deadlines:** September 15 (For Spring/Fall Sequence) OR February 15 (For Fall/Spring Sequence)

All applicants must be on file in the intern coordinator's office by the deadline for you to receive permission to enroll. This application does not register you. You will be contacted about registration at a later date.

**Description:** The Internship experience is designed to provide clinical experiences for principal and superintendent licensure.

**Directions:** Please place an "X" in front of the Graduate Internship Sequence you wish to take.

**EDL 555/556 Internship (Principal)**

Spring/Fall Sequence

1<sup>st</sup> semester Spring 202\_\_

2<sup>nd</sup> semester Fall 202\_\_

Fall/Spring Sequence

1st semester Fall 202\_\_

2<sup>nd</sup> semester Spring 202\_\_

**EDL 655/656 Internship (Superintendent)**

Spring/Fall Sequence

1st semester Spring 202\_\_

2nd semester Fall 202\_\_

Fall/Spring Semester

1st semester Fall 202\_\_

2nd semester Spring 202\_\_

I have purchased a TK-20 account for my internship. ECOM Username: \_\_\_\_\_

Candidate's Internship Site: \_\_\_\_\_

Internship Site Address (Street, City, Zip): \_\_\_\_\_

Official District Name: \_\_\_\_\_

Complete District Address (Street, City, Zip): \_\_\_\_\_

Mentor's First Name: \_\_\_\_\_ Mentor's Last Name: \_\_\_\_\_

Mentor's Email: \_\_\_\_\_ Mentor's Work Phone Number: \_\_\_\_\_

STUDENT's SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WIU ADVISOR's SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Note:** Submission of this application **does not guarantee** admission into this course. Admission is contingent upon review of prerequisites, availability of placement, and availability of EDL staff. If unable to do course work during the semester assigned, please immediately inform the Intern Coordinator (309) 298-1070.

**Return this application to:** Internship Coordinator, Western Illinois University, Educational Leadership, 115 Horrabin Hall, Macomb, IL 61455; FAX: 309-298-2222