

# *New Jersey City University*



*EDLD 690/693/695*

*Internship for Urban School Personnel I, II & III*

## *APPLICATION*

*Department of Educational Leadership & Counseling*

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- *Application must be submitted the semester prior to enrollment.*
- *Application Deadline for Fall Term is April 1<sup>st</sup>.*
- *Application Deadline for Spring Term is November 1<sup>st</sup>.*
- *36 credit degree program candidates can only begin the internship in the fall semester.*

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_  
 Application Term \_\_\_\_\_

\_\_\_\_ I am a 30 credit Principal Certification Only Applicant  
 \_\_\_\_ I am a 36 credit MA Degree Program Applicant  
 \_\_\_\_ I am a Post Graduate Student pursuing Principal Certification  
 \_\_\_\_ I am a Post Graduate Student pursuing School Administrator Certification

Course Application for:

\_\_\_\_ EDLD 690 - Internship I      Please Indicate Preferred Section # \_\_\_\_\_  
 \_\_\_\_ EDLD 693 - Internship II  
 \_\_\_\_ EDLD 695 Internship III

Current Course Enrollment \_\_\_\_\_ TERM \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Email \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Site/School Name \_\_\_\_\_

Site/School Address \_\_\_\_\_

Site/School Telephone Number \_\_\_\_\_

Gothic ID. \_\_\_\_\_ Matriculation Date \_\_\_\_\_

Number of Credits Completed at time of Application \_\_\_\_\_

**The following qualifications are required for the Internship. Please initial each statement to verify that you meet these requirements.**

**For Candidates pursuing Principal Certification Only:**

- \_\_\_ *At the start of my internship, I will be employed full-time in a P -12 school setting.*
- \_\_\_ *My internship will take place at my place of employment.*
- \_\_\_ *I will be able to be mentored by a P-12 Principal.*
- \_\_\_ *I will have completed all prerequisite coursework prior to internship with no incomplete grades.*
- \_\_\_ *I am aware that I will be required to complete between 10-12 internship hours per week for each 15 weeks of internship.*
- \_\_\_ *I am aware that I must register for the SLLA prior to enrolling in ELD 693 Internship II.*
- \_\_\_ *I am responsible for providing my SLLA Score Report to the EDLD department in order to receive a final grade for the course.*

**Candidates pursuing School Administrator Certification Only:**

- \_\_\_ *I have taken and successfully passed the SSA (School Superintendent Assessment).*
- \_\_\_ *I am aware that I will be required to complete between 10-12 internship hours per week for each 15 weeks of internship.*
- \_\_\_ *I possess a valid NJ Principal certificate.*
- \_\_\_ *I possess a valid NJ Supervisor certificate.*
- \_\_\_ *I will be able to be mentored by a P-12 Superintendent.*

**All Candidates:**

**Please initial each statement to verify that I understand the following:**

- *As an internship candidate, it is my responsibility to secure an internship site prior to the first class meeting.*
- *I understand I will not be able to continue in the Internship Course past the first class meeting if my internship site is not secured.*
- *Internship candidates will be assigned to a university supervisor on a first come, first serve basis. Internship section choice is based upon internship course, candidate selection and availability.*
- *I understand my University Mentor may contact my Principal Mentor and/or visit my Internship Site.*

**Please include a current resume with your application.**

**Please return completed application with resume to Department Chairperson by due date.**

Candidate Signature \_\_\_\_\_

**FOR DEPARTMENT ONLY:**

Advisor (please print) \_\_\_\_\_ Date Approved \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date Received \_\_\_\_\_

**Comments:**

