

*New Jersey City University*  
*Department of Educational Leadership*



*EDLD 690/693/695*  
*Internship for Urban School Personnel I, II & III*  
*APPLICATION*

*Department of Educational Leadership*  
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New Jersey City University  
Department of Educational Leadership  
**Application for Internship**

- *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 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 \_\_\_\_\_

Site Supervisor (Principal or Superintendent) Name \_\_\_\_\_

Site Supervisor (Principal or Superintendent) Email \_\_\_\_\_

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

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

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**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.*

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**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:**

**Chair (please print)** \_\_\_\_\_ **Date Approved** \_\_\_\_\_

**Chair Signature** \_\_\_\_\_ **Date Received** \_\_\_\_\_

**Comments:**