SEATTLE UNIVERSITY PROGRAM ADMINISTRATOR INTERNSHIP APPROVAL FORM

Please return to: Educational Administration Program, Seattle University 901 12th Ave., PO Box 222000

SILID #•	CII Email:		Seattle, WA, 98122	
SU ID #: SU Email:			Phone	
Address/ City/ 2	Zip			
	uests an internship as follow			
School Name		Principa	al	
Address/ City/ Zip Dates of Practium:			Phone	
Applicant's Signa	.ture		Date	
			* * * * * * * * * * * * * * * * * * * *	
university and scl student and the un under the Washin The Educational a principal certifica the school setting	nool is very important. This niversity supervisors will wo agton Administrative Code and Administration program for jute. To achieve that certifica	agreement constitutes the con rk together with local school p and the mission of the College principals qualifies successful te requires specific tasks of th	tract under which the above named personnel to assure the learning required of Education at Seattle University. candidates for the Washington State e intern and access to key information in administrative procedures, and relevant	
 Intern has Intern has On-site stadministra 	s successfully completed a d s developed a worksite analy upervisor, intern, and univer- ative tasks required in the in	sis from observations and oth sity supervisor have agreed to ternship.	empetencies for the internship.	
			ailable for the dates shown, and (2) the cooperation with the Seattle University	
We	will provide the internship	under the conditions described	l above.	
We	will provide the internship	subject to these additional con	ditions:	
We	e request that the intern postp	oone the experience until		
		ipal meets the WAC requirem is sought (WAC 181-78A-264	nent of a certified practitioner who is	
Distric	et Supervisor	Title	Date	
 Email		WA State C	WA State Certification #	