

Internship Request Form

Name: _____ Email Address: _____

University: _____ University Intern Advisor: _____

Internship Position: _____ District Intern Mentor: _____

Internship Schedule:

All internship hours must be pre-approved by Dr. Latanza M. Harrison, Chief Human Resources Officer and the Supervising Coordinator.

Please circle all applicable months required to complete your internship.

Fall _____

Spring _____

Elementary: Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June July Aug.

Secondary: Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June July Aug.

Central Office: Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June July Aug.

Internship Placement Preferences

Elementary:

____ CVES

____ MVES

____ TIS

Secondary:

____ TMS

____ THS

My signature below indicates that I understand my internship hours must be pre-approved by Dr. Latanza M. Harrison, Chief Human Resources Officer and my Supervising Coordinator and I further agree to all internship procedures and conditions of this internship.

Signature of Intern

Date

Signature of University Intern Advisor (**REQUIRED**)

Date

Please return this form to the Human Resources Department Attention:

Dr. Latanza M. Harrison, Chief Human Resources Officer

Chief Human Resources Officer

Date

Principal

Date

Supervising Coordinator

Date