

**Gonzaga University  
School of Education  
Request for Administrative Internship**

Name \_\_\_\_\_ Todays Date \_\_\_\_\_

Address \_\_\_\_\_ Internship Date \_\_\_\_\_

City/State Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Current School \_\_\_\_\_ School District \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Principal's Name \_\_\_\_\_ Superintendent's Name \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

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**Internship Qualifications**

Type of Washington State Teaching Certificate: \_\_\_\_ Continuing/Professional Teacher \_\_\_\_ Initial/Residency \_\_\_\_ ESA

Certificate Number# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Present Position/Title: \_\_\_\_\_

Number of Years of Successful School Based Instruction with Students: \_\_\_\_\_

Briefly describe below the types of success that you had with your students: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present administrative responsibilities, if any: \_\_\_\_\_

Number of years in administration, if any: \_\_\_\_\_

Principal's Approval: One-year internship is tentatively approved by your mentoring principal, as shown by the signature below:

Name: \_\_\_\_\_ Date \_\_\_\_\_

Internship Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_