



ELAS Practicum/Internship Application/Agreement

Application for **ELAS 6308 & ELAS 6309**: Practicum & Internship for the Superintendency

Instructions: Submit this application and an updated copy of your certification plan *prior to the class registration deadline*. Your University Practicum/Internship Supervisor will be in touch with you during the first week of the semester either in person or by phone. (See the course Blackboard site for more information.)

Participant Name:		Participant #:	
Address:			
Primary phone:		Alt. phone:	
UHV E-mail:		Alt. E-mail:	
Current Position:			
Name of School:			
Estimated Program Completion Date:		List of Courses remaining (Not including practicum):	

Host Superintendent:			
Host District:			
Office Address:			
Host Superintendent phone:		Host Superintendent alternate phone:	

I support the 90-hour Internship/Practicum experience for this UHV graduate program participant and will work with the Practicum Team to provide a quality experience. It is understood that the practicum participant will take the primary initiative and responsibility for planning and performing the work of this experience.

Participant Signature:	Date: ___/___/___
Host Superintendent Signature:	Date: ___/___/___
UHV Facilitator Signature:	Date: ___/___/___