INDIANA STATE UNIVERSITY

Department of Educational Leadership

APPLICATION FOR ADMISSION

CENTRAL OFFICE INTERN PROGRAM

I am applying to the Central Office Intern Program for the Cohort beginning Summer

991#:       Date:

Name:       Male/Female:

Street Address:       City:       State:       Zip:

Home Phone:       School Phone:

Fax Number:       Email:

School

Corporation:       City:       County:

School

Building Name:

School Address:       City:       State:       Zip:

|  |  |  |
| --- | --- | --- |
| **Colleges Attended:** | **Dates :** | **Degree Earned:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Major Work Experiences: (Include present school and grade level)**

|  |  |  |
| --- | --- | --- |
| **Organization:** | **Dates :** | **Duties:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**APPLICATION FOR ADMISSION TO CENTRAL OFFICE INTERN PROGRAM (cont.)**

1. Which principal’s certificate do you hold? Secondary       Elementary

2. Are you presently taking graduate work? Yes /No

If yes, at what institution?

3. Have you been admitted to Graduate School at Indiana State University? Yes/No

If yes, on what program?

Name of advisor:

4. Completion of prerequisite courses:

Completion date or Planned Enrollment Date

ELAF 751       

ELAF 753       

ELAF 754      

ELAF 757       

5. Internship:

At what corporation will you do the internship?

Name of immediate supervisor:

Superintendent of School Corporation:

Have arrangements been made for scheduling of time to accomplish the internship? Yes/No

**List three persons who can attest to your character, personality, teaching performance, and**

**potential administrative ability. Please ask those three people to return an evaluation form to us.**

**You will supply the form and envelope addressed as indicated below.**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Full Address** | **Position** |
|  |  |  |
|  |  |  |
|  |  |  |

**Resumes:** All candidates are encouraged to provide an updated resume. To avoid confusion, the material

should be attached to the actual Application for Admission and should be submitted as a unified package.

Mail to: Dr. Terry McDaniel, Assistant Professor

Department of Educational Leadership

Indiana State University

Bayh College of Education, Room 211G

Terre Haute, IN 47809

**Superintendent's Authorization Form**

To be completed by your School Superintendent.

Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of candidate's qualifications: (Why are you supporting this person? Continue on another   
sheet if necessary.)

I am in a position to ensure that the person nominated will be assigned to a minimum of 120 hours during the summer for internship duties. Yes \_\_\_\_\_\_ No \_\_\_\_\_

I agree to participate in the evaluation of this nominee's intern experience. Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INDIANA STATE UNIVERSITY**

Educational Leadership, Administration, and Foundations

Central Office Intern Program

**EVALUATION FORM**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO THE PERSON RECOMMENDING** the person whose name appears at the top of this page has applied for admission to the Superintendent Intern Program at Indiana State University. We are searching for educators with the greatest potential for the educational leadership, so we hope you will do a careful job of evaluating.

**Please circle the number that best gives your judgment of each trait of the applicant.**

|  |  |
| --- | --- |
|  | **Very Poor Poor Fair Good Very Good** |
| 1. Is innovative and/or creative | 1 2 3 4 5 |
| 2. Is sensitive to the needs of others | 1 2 3 4 5 |
| 3. Takes the initiative | 1 2 3 4 5 |
| 4. Assumes responsibility | 1 2 3 4 5 |
| 5. Works well with others | 1 2 3 4 5 |
| 6. Demonstrates leadership ability | 1 2 3 4 5 |
| 7. Shows tact | 1 2 3 4 5 |
| 8. Thinks and acts positively | 1 2 3 4 5 |
| 9. Can organize plans and people | 1 2 3 4 5 |
| 10. Completes tasks that are started | 1 2 3 4 5 |

**In one or two sentences, please state why you think this person has (or does not have) the potential to succeed**

**as a superintendent**.

On the scale below, circle the number that best indicates your total impressions of the applicant with respect to

his/her potential to succeed as a superintendent.

(Low) 1 2 3 4 5 6 7 8 9 10 (High)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Corporation / Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send this recommendation form in right away or the applicant’s chances for selection could be seriously**

**impaired.**

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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