

Northwest Missouri State University
School of Education
Office of Educational Field Experiences

CONTRACT FOR GRADUATE PRACTICUM / INTERNSHIP

Date _____
Name _____ 919# _____
Address _____ City _____ State _____ Zip _____
Cell Phone _____ Email Address _____

LOCATION OF PRACTICUM/INTERNSHIP

Name of School _____ Phone _____
Address _____ City _____ State _____ Zip _____
School District _____ Phone _____
Address _____ City _____ State _____ Zip _____
On-Site Supervisor _____ Position _____
Supervisor Email Address _____
Describe proposed activities*

*For a detailed description of activities refer to the Graduate Practicum/Internship List of Activities.

DIRECTIONS: Check the appropriate slot for the practicum/internship in which you wish to enroll.

ADMINISTRATION

_____ 61-738 Intern. In Sch. Adm. & Suprv. (Superintendent)	_____ Credit hrs.
_____ 61-739 Intern. In Elem Adm. (Specialist Elem Princ)	_____ Credit hrs.
_____ 61-741 Intern. In Sec Adm. (Specialist Sec Princ)	_____ Credit hrs.
_____ 61-694 Pract. In Elem. Sch. Adm. & Suprv. (Masters Elem Princ)	_____ Credit hrs.
_____ 61-693 Pract. In Sec. Sch. Adm. & Suprv. (Masters Sec Princ)	_____ Credit hrs.
_____ 62-622 Intern in Special Ed Administration	_____ Credit hrs.

1. Student _____ Date _____

2. On-Site Sup. ** _____ Date _____

Number of years of administrative experience: _____

Please circle your location on the Professional Continuum of a Missouri Leader as stated on your last evaluation:

Developing Proficient Distinguished

**As the on-site supervisor I agree to provide experiences that prepare this practicum/intern to lead in a learning community.