



Student _____ WKU ID _____
(Last) (First) (M/M)

STUDENT INSTRUCTIONS: Please use the contract below to describe and obtain approval for your planned internship experience (Step 1). After the internship, complete Steps 2-5, and submit all documentation to the Educational Leadership Doctoral Program Office. Do not submit this form until all steps are complete. One hundred clock hours of internship activities are required to earn three semester hours of EDLD 798 credit. Complete a separate contract for each internship in your program.

STEP 1. INTERNSHIP CONTRACT

Location of Internship _____

Site Supervisor _____ Contact Information _____

Planned Internship Beginning Date _____ Ending Date _____

Learning Objectives (Specify your professional objectives for the internship.)	Planned Activities to Demonstrate Completion of Objectives (May be modified during the internship.)

Signatures below indicate acceptance or approval of this internship assignment.

Student Signature _____ Date _____

Site Supervisor Signature _____ Date _____

Advisor/Chair Signature _____ Date _____

STEP 4. INTERNSHIP PERFORMANCE EVALUATION: Complete the information below and ask your site supervisor to complete the evaluation.

Student Name _____ **WKU ID** _____
(Last) (First) (M/M)

Location of Internship _____

Site Supervisor _____ Contact Information _____

Planned Internship Beginning Date _____ Ending Date _____

Completed by Student/Intern	Completed by Site Supervisor			
	Please indicate the level of progress the intern made toward each learning objective listed.			
Learning Objectives (Copy the objectives specified in your original contract.)	No Progress (1)	Some Progress (2)	Satisfactory Progress (3)	Superior Progress (4)
Supervisor Comments:				
Supervisor's Overall Rating:				

Site Supervisor Signature _____ Date _____

STEP 5. INTERNSHIP VERIFICATION: Complete the information below and ask your advisor/chair to sign this page as verification that you have successfully completed your internship. Please note that it is your responsibility to ensure that the course information is complete and accurate.

Student Name _____ **WKU ID** _____
(Last) (First) (M/M)

Location of Internship _____

Site Supervisor _____ Contact Information _____

Internship Beginning Date _____ Ending Date _____

Internship Course Prefix and Section Number: EDLD 798- _____
(Section Number)

Semester and Year of Course Enrollment: _____

Course CRN: _____ (Five digit number available on Topnet).

Credit Hours: _____

By my signature below, I verify that the above student has successfully completed the internship experience associated with this contract.

Advisor/Chair Signature _____ Date _____

Students: Remember to submit all documentation (Steps 1-5) associated with this internship to the Educational Leadership Doctoral Program Office as one complete document.

For Internal Office Use Only

Grade change submitted (Date _____)

