

APPLICATION FOR INTERNSHIP CERTIFICATE OF PARTICIPATION

Thank you for your participation as a mentor in the School Leaders Program in the Educational Leadership Department. Please fill out the information below so that we may authorize the Office of Student Services to issue a Certificate of Participation for you through the FDOE.

PART 1 – MENTOR INFORMATION – Please provide your personal information.

Name: _____
 First M.I. Last

Social Security Number (required): _____

Home Address: _____
 Street

 City State Zip Code

 E-Mail Phone Number

School Name: _____

PART 2 – INTERN INFORMATION - List the interns mentored for which you want credit:

Name:_____ Semester:_____ Year:_____

Name:_____ Semester:_____ Year:_____

Name:_____ Semester:_____ Year:_____

Signature

Date

Please mail completed form to: Florida Atlantic University
 College of Education,
 Department of Educational Leadership
 777 Glades Road, ED47, Room 258
 Boca Raton, FL 33431-0991
You may fax this form to: Dept. of Educational Leadership, Fax #: (561) 297-3618