EDD in Urban Leadership
Department of Educational Leadership
EDD 6201/6202/6203 Field Study **in** School Administration

Date: _____ Student ID #: _____ **EDD 6201 ___ EDD 6202 ___ EDD 6203 ___**

(Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ E-Mail Address: _____

Anticipated Date of Graduation _____ Applicant signature _____

Planned **Experience for Administrative Field** Study. *(Must describe in detail on reverse side)*

School District Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Cooperating Site Administrator (Mentor)

_____
Print or Type Name/Title

_____
Signature/Title

_____
Site Administrator E-Mail Address

District Superintendent Information

_____
Print or Type Name/Title

_____
Email address

Please select the semester you are applying to do your Field Study:

____ Fall 20 ____ ____ Spring 20 ____ ____ Summer 20 ____

Please indicate the semester that you were matriculated (officially accepted into the program) Fall 20 ____
Spring 20 ____

Office Use

Section no. *(assigned by coordinator)* _____ ____*petition assigned, letter mailed*

_____
Instructor

_____
Program Coordinator

Once the above information has been provided and district administrator's signatures is obtained, please fax this form to 908-737-5975 or send as an email attachment to Wanda Gonzalez at gonzalwa@kean.edu.

Application Deadlines: **FALL -** Last Friday in June
SPRING - Last Friday in October
SUMMER - Last Friday in March *(NOTE: Interns may start in Summer 1 but must still complete 15*