



UNIVERSITY OF ARKANSAS – LITTLE ROCK

*Internship Agreement – EDAS 8380  
Department of Educational Leadership*

Name of Candidate \_\_\_\_\_

University ID Number \_\_\_\_\_

Candidate's Address \_\_\_\_\_

\_\_\_\_\_

Candidate's Home Number \_\_\_\_\_

Candidate's Work Number \_\_\_\_\_

Candidate's Cell Number \_\_\_\_\_

Candidate's E-Mail Address \_\_\_\_\_

I agree to follow the directives of the administrator and to be a part of all administrative assignments. I further agree to keep the administrator informed of my schedule and activities.

UM Intern Signature: \_\_\_\_\_

Site Supervisor Name: \_\_\_\_\_

School or School System: \_\_\_\_\_

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

\_\_\_\_\_

Supervisor's Phone Number \_\_\_\_\_

Supervisor's E-Mail Address \_\_\_\_\_

I agree to supervise the experiences of the above-named UALR Intern and to provide information to the assigned UALR Supervisor to evaluate the work of the candidate. I further agree to assist the candidate in the selection of appropriate activities and to help the candidate gain access to meetings such as the school board, curriculum committees, and other appropriate groups.

Signed \_\_\_\_\_ Date \_\_\_\_\_