

Center for Integrated Teacher Education

College of Saint Rose

Internship Completion Form

Student's Name			SS#	
Last	/First			
Student's Address		2)	Apt #	
			Zip	
Home Telephone #	()			
School (Site of Internship)			**	
School Address			NAME OF THE OWN PARTY.	
			Zip	
School Telephone #	()	* ****		
I certify that the individual na				
Name of Site Mentor (<i>Please</i>)	print)			
Signature of Site Mentor			Date	
Grades for Internship Courses	:			
EDA 546(Part I)	EDA	547 (Part 2)	_	
Highly Effective Ef	fective	Developing	Ineffective	
I certify that the individual na seminars.	med above has	completed 600 hours	of internship work and attende	d seven (7)
Name of College Supervisor (Please print)			
Signature of College Superviso	or		Date	
*Note to College Supervisor: F	Please submit th	ne completed form to	Lydia Parris, Coordinator, as so	on as possik