NOVA SOUTHEASTERN UNIVERSITY

Administrative Internship Application

Fischler College of Education
1750 NE 167th Street, North Miami Beach, FL 33162
Phone: (800) 986-3223, ext. 21559 or (954) 262-1559

Instructions: Apply for the internship a minimum of four (4) weeks before the start of the semester. Complete the attached Administrative Internship Application and Student Transaction Form.
Submit all forms via fax: (954) 262-2336 or scan and send via email: edlintern@nova.edu

Name (Ms./Mr.)_____ NSU ID# _____

Address_____
Street City State Zip

Primary Phone _____ Secondary Phone _____

NSU Email Address _____ Secondary Email Address_____

Current Position _____ Internship Site _____

Internship Site Address

_____
Street City State Zip

Clinical Faculty Member's (local sponsor/principal) Name _____

Total Pages _____

NOVA SOUTHEASTERN UNIVERSITY

Administrative Internship Application

NSU Site _____ **Date Submitted** _____

Name *(Ms./Mr.)*_____ **NSU ID#** _____

1. **Select Degree Program:**

☐ Master of Science in Educational Leadership **(EL 699)**

☐ Educational Specialist in Educational Leadership **(EL 699)**

☐ Master of Science in Education Administration and Leadership **(MEAL 699)**

☐ Certificate of Educational Leadership Modified Core Program **(EL 698)**

☐ Master of Science in Management and Administration of Educational Programs **(EL 698)**

☐ Master of Science in Charter School Education/Leadership **(CSED 698)**

2. **Select Start Term:**

EL 699 (6 credits)
☐ Fall I ☐ Winter I ☐ Summer I

EL 698 (3 credits)
☐ Fall I ☐ *Fall II* ☐ Winter I ☐ *Winter II* ☐ Summer I ☐ *Summer II*

CSED 698 (3 credits)
☐ Fall I ☐ *Fall II* ☐ Winter I ☐ *Winter II* ☐ Summer I ☐ *Summer II*

MEAL 699 (3 credits)
☐ Fall I ☐ *Fall II* ☐ Winter I ☐ *Winter II* ☐ Summer I ☐ *Summer II*

3. **Student Transaction Form**
Complete the attached STF and submit with the Administrative Internship Application. Do *NOT* include the course reference number (CRN) on the STF.

----------***FOR STAFF USE ONLY***----------

☐ **Approved** CRN _____ STF sent to Registration _____

☐ **DENIED** Student contacted _____

NOVA SOUTHEASTERN UNIVERSITY
Enrollment and Student Services
Office of the University Registrar
3301 College Avenue • Fort Lauderdale, Florida 33314-7796
(954) 262-7200 • 800-541-6682 • Fax (954) 262-3256

Student Transaction Form

(one semester per form only)

STF

Abraham Fischler School of Education - Registration Department Fax # 954-262-2336

Last Name _____ First Name _____ Middle Initial _____

NSU ID N _____ Phone Number _____ Semester _____

Students must be officially registered prior to the start date of course(s) in order to participate in and receive academic credit for those courses. Changes to course registrations will not be accepted 30 days after each semester ends. Students are responsible for reviewing their registration and academic records each semester for accuracy.

Courses to Add

Course Ref. No.	Subject	Course No.	Section	Course Title	Start Date/End Date	Cr. Hrs.

Courses to Drop or Withdraw

Course Ref. No.	Subject	Course No.	Section	Course Title	Start Date/End Date	Cr. Hrs.	Last Date of Attendance Office Use Only

IMPORTANT: NOVA SOUTHEASTERN UNIVERSITY FINANCIAL LIABILITY AGREEMENT

I agree to pay all NSU charges pursuant to NSU policies. I understand that the university is advancing value to me in the form of educational services and that my right to register is expressly conditioned upon my agreement to pay institutional costs including, but not limited to, tuition, fees, housing, meal plan, and any additional costs, when those charges become due. I understand that NSU SharkLink and NSU email are the official means that the university will use to communicate with me. It is my responsibility to view my charges in NSU SharkLink or NSU eBill.

I understand that a past due student account balance will result in a financial hold, which prevents future registrations as well as other services being offered in accordance with university policy. Delinquent student account balances may be reported to a credit bureau and referred to collection agencies or litigated. I agree to pay any costs associated with the collection of unpaid charges, including attorney fees and court costs. This agreement shall be construed in accordance with Florida law, and any lawsuit to collect unpaid fees may be brought in the appropriate court sitting in Broward County, Florida, regardless of my domicile at the time of bringing such action.

_____ _____
Student Signature Date

_____ _____ _____ _____
Adviser Signature Print Name Extension Date

Office Use Only

Processed by _____ Date _____

01-167-12DBB