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# Murray City School District

**Office of Human Resources**

**Administrative/Counselor Internship Request Form**

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| --- | --- | --- | --- |
| **Name:** |  | **Home Address:** |  |
| **Current Position:** |  | **City, State, Zip** |  |
| **Home Phone Number:** |  | **Cell Phone Number:** |  |
| **Current School Location:** |  | **Name of Intern Advisor:** |  |
| **E-mail address:** |  |
| **Certification Program** |  | **College/University:** |  |

Internship placement and hours shall be pre-approved by the Human Resource Director and must comply with all internship procedures.

The intern’s signature below represents his/her agreement to all internship procedures and conditions, along with agreement to follow all Murray City School District’s policies and regulations.

Signature of Intern Date

Signature of University Intern Advisor Date

**To Be Completed By the Human Resource Director**

Proposed Schedule Attached [ ]  Internship Approved [ ]  Internship Denied [ ]

Cooperating Admin/Counselor

Principal Approval: Date

 Date

Darren Dean

Director of Personnel & Student Services