



Principal Certification Academy
Mentor Information and Commitment Form

TO BE COMPLETED BY THE INTERN:

Student Intern Name

School

Address

City State, Zip

Telephone/Cell

E-mail [required]

TO BE COMPLETED BY THE PRINCIPAL MENTOR:

[Please complete this form and return it to the intern, keeping a copy for your records.]

Full Name

School

School Address

City, State, Zip

Telephone

E-mail [required]

Graduate degree(s) from accredited institution(s) [include name(s) of institution(s)]

Years as Principal or School Administrator [minimum of three years desired]

License/Credential as School Administrator [attach copy of the license/credential]

"I am willing to work with this intern and HCDE Principal Certification Academy in developing an appropriate set of experiences that align with TExES Principal Test Framework domains and competencies."

Principal Mentor Signature

Date