

Mentor Information and Sign-Off 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)

Masters degree from a regionally accredited institution (name of institution)

Years Principa or School Administrator (minimum of three years desired)

Lincense/Credential as School Administrator (if applicable)

Principal Mentor Signature

Date