

Building-level Acknowledgement Form

Graduate Student's Name _____ *Date* _____

School _____ *Mentor Teacher's Name* _____

This form serves to inform the building administrators of a student's placement for internship to complete Eastern Washington University's program requirements.

An agreement contract will be sent directly to your district from Eastern Washington University and includes information regarding each party's expectations and responsibilities. Please contact your district directly if you would like a copy of this agreement.

Please sign below to indicate that you have read and understood the above information.

Signature of Principal _____ *Date* _____

If you have questions, please contact:

Dr. Ann Van Wig

Graduate Director

avanwig@ewu.edu or 509-359-6097

Thank you,

Education Department Graduate Programs

Eastern Washington University

Once completed please scan and return to: educgrad@ewu.edu