

On-Site Administrative Approval Form ELAD 615: Internship in School Leadership (300 hours)

Professor __Elaine Davis

Semester Summer 2022

Academic Year __2021-2022

INTERN INFORMATION

Name: Rosalis Grohs

Home Address __16 Cranbury Neck Road

City __Cranbury__ State _NJ Zip __08512 Tel. (609) _937-9344____

Email __rosalis.grohs@eastorange.k12.nj.us_____

Statement of Confidentiality: I understand that during the course of events associated with intern experiences, I may be privy to confidential information. I understand that such information may not be shared or further communicated without permission. Any breech of laws and regulations governing confidentiality may result in my withdrawal from the field experience program and the assignment of a failing grade.

Rosalis Grohs

Signature of Intern MENTOR INFORMATION	Date	
Name: Brian D. Heaphy		
Title/Position: _Principal		
School: Edward T. Bowser Elementary		
School Address_180 Lincoln Street		
City _East Orange State NJ _ Zip _07107 Tel. (973) 414-	4170	

Email_b.heaphy@eastorange.k12.nj.us

 The applicant is granted permission to complete internship during the _2021-2022 school year.

 Yes___x__
 No_____

Brían D. Heaphy	May 4 th , 2022
Signature of Mentor	Date