UTSA Department of Educational Leadership and Policy Studies  
Internship Clearance Form  
Semester _____201_____

Name: ____________________________________  Student ID #: ___________________________

E-mail address (the department will use this address to contact you with information on graduation):

___________________________________________________

Advisor’s Name ______________________________

Please select your concentration: □ Educational Leadership (K-12)  □ Higher Education Administration (College)

Expected graduation date: _________

Courses to be completed prior to or concurrent with the internship (list below)

Are you transferring in any non-UTSA courses toward your program?   □Yes   □No
(If yes, list courses and substitutions)

Advisor’s Signature: ____________________________________________

Attachments:

☐ Copy of unofficial UTSA transcript, including current semester
☐ Copy of Course Plan