



# Western Illinois University Affirmative Action Administrative Internship Program Application Form

Name: \_\_\_\_\_

Campus Address & Phone: \_\_\_\_\_

Department or Administrative Office: \_\_\_\_\_

Years at WIU: \_\_\_\_\_ Current Position: \_\_\_\_\_

**Please submit a statement of application, including your response to the following questions:**

1. Describe the general nature of your interest in higher education administration and outline your short and long-term career goals.
2. List the skills, experience and educational training required to achieve your career goals and aspirations. Which of these do you feel you presently possess? Which of these do you need to acquire and/or enhance?
3. Please identify at least two individuals you feel would serve as appropriate **administrative** mentors for your internship. (You should speak with these individuals as to their willingness to serve as a mentor before listing them.) Provide an explanation for each of your choices.

**Application Process:**

- A. Return this form, your statement of application, resume and a letter of support from your current supervisor to the Office of Equal Opportunity and Access by the application deadline date.
- B. Please also ask two individuals, other than your supervisor, to submit the attached evaluation forms directly to the Office of Equal Opportunity and Access by **application deadline date**. Please provide the evaluators with a copy of your application for their reference in completing the form.
- C. The Affirmative Action Administrative Internship Committee will review these materials and contact you regarding the status of your application. Please note that after review of your application materials, the Committee may recommend consideration of additional placement sites.



# Western Illinois University Affirmative Action Administrative Internship Program Evaluation Form

Name of Candidate: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

**Nature of Relationship with Candidate:**

\_\_\_\_\_ Department chairperson \_\_\_\_\_ Dean \_\_\_\_\_ Supervisor \_\_\_\_\_ Professional Colleague \_\_\_\_\_ Personal Friend

**How many years have you known the candidate?** \_\_\_\_\_

**Personal/Professional Attributes**

Please rate the candidate with respect to each characteristic listed below.

**Outstanding (5) More than adequate (4) Adequate (3) Less than adequate (2) Poor (1) Inadequate observation (N/A)**

- |  |   |
|--|---|
| _____ Adaptability and flexibility       | _____ Organizational and analytical ability |
| _____ Assertiveness                      | _____ Poise and self-confidence             |
| _____ Dependability                      | _____ Resolution skills                     |
| _____ Initiative                         | _____ Resourcefulness and creativity        |
| _____ Integrity and honesty              | _____ Verbal communication skills           |
| _____ Interpersonal communication skills | _____ Writing skills                        |
| _____ Motivation and enthusiasm          |   |

**Administrative Potential**

Please provide a written evaluation of the potential the applicant may have in relation to his/her career goals and the internship program.

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

**Please return by the application deadline date to:**

Director  
Western Illinois University  
Office of Equal Opportunity and Access  
Sherman Hall 203  
1 University Circle  
Macomb, IL 61455

For more information or questions about this application, contact our office at (309)298-1977.

**\* Note: you will need two copies of this form.**