

Please only use paper clips on your application packet. Thank you!



INTERNSHIP APPLICATION

Semester/Year _____

Internship applications must be received by February 15 to be considered for the fall semester, or by September 15 to be considered for the spring semester.

Please type:

Name: _____ UW-L ID #: _____

Local Address: _____
Street City State Zip

Local Phone: _____ Permanent Phone: _____

Permanent Address: _____
Street City State Zip

Local address/phone valid through: _____ Permanent address/phone valid through: _____

Email Address: _____

License Areas:

- Middle Childhood (1-6)
- Middle Childhood/Early Adolescence (1-9)

Certiifiable Minor(s): _____

- Early Adolescence/Adolescence (6-12)

Certiifiable Major(s): _____

Certiifiable Minor(s): _____

- Early Childhood-Adolescence (K-12)

Certiifiable Major(s): _____

Certiifiable Minor(s): _____

Commencement Date: _____

Clinical Fieldwork Placements:

<u>Semester</u>	<u>Grade Level-Subject</u>	<u>Site</u>	<u>Cooperating Teacher</u>

Related Experience(s) with youth:

<u>Position/Title</u>	<u>Employer/Location</u>	<u>Dates Employed</u>

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Admission of candidates to the UW-La Crosse Intern Pool is based on: 1) scholastic record—a combined GPA of 3.0 or above; 2) education-related experiences other than and in excess of required clinical field experiences; 3) faculty recommendations; 4) your three letters of recommendation—may be from faculty, cooperating teachers, employers, etc.; and 5) your ability to express yourself well in written format. All answers must be typed. Your total responses to the following three questions should be no longer than ONE typed (10 pt. font) page—NOT one page per question. If you are re-creating this form on your own word processor, please retype the entire form, *not* just your answers. Please be sure to sign the printed form.

1. Indicate the reason(s) you would rather intern than student teach.
2. Provide an example of a situation in which you demonstrated responsibility.
3. Please reflect on your reasons for becoming a teacher.

* * * * *
I verify the accuracy of this information and grant its release to appropriate entities only.

Signature _____ Date _____