

**TEACHER INTERNSHIP APPLICATION FORM**

Teacher Internship Office  
University of Wisconsin-Whitewater

Name \_\_\_\_\_ UW-W ID No. \_\_\_\_\_  
Last First MI

Local address \_\_\_\_\_  
Street City State Zip

Local phone (\_\_\_\_) \_\_\_\_\_ Local address/phone valid through \_\_\_\_\_

Permanent address \_\_\_\_\_  
Street City State Zip

Permanent phone (\_\_\_\_) \_\_\_\_\_ Permanent address/phone valid through \_\_\_\_\_

UW-W e-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**DEGREE PROGRAM:**

Bachelor \_\_\_\_\_  
Masters \_\_\_\_\_  
Certification only \_\_\_\_\_  
Initial degree area \_\_\_\_\_

**MAJOR/CERTIFICATION:**

Check only those  
that apply to your  
Approved Student  
Teaching Semester

Early Childhood Education (Dual Licensure)   
Middle Childhood through Early Adolescence (1-8) \_\_\_\_\_  
Minor  
Early Adolescence through Adolescence (6-12) \_\_\_\_\_  
Major  
Early Childhood through Adolescence (K-12) \_\_\_\_\_  
Major  
Special Education Cross Categorical EBD/LD \_\_\_\_\_  
Cross Categorical CD \_\_\_\_\_

Approved Student Teaching Semester and Year \_\_\_\_\_ Graduation Completion Date \_\_\_\_\_

PRE-STUDENT TEACHING PLACEMENTS:

Grade Level and/or Subject

Site

Cooperating Teacher

Date

RELATED EXPERIENCE(S) WITH YOUTH (INCLUDING VOLUNTEER WORK):

Position/Title

Employer

Location (City/State)

Date

REFERENCES: List the name, title, business address and telephone number of your three references (at least two of which are UW-W faculty). Send a Teacher Internship Reference Form and completed FERPA form to each of your references.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Using **ONLY** the space provided, please reflect on your reasons for becoming a teacher.

I affirm the accuracy of this completed application. I request and authorize the Teacher Internship Office to send my internship packet, consisting of Resume, Philosophy of Education, Teacher Internship Application, three completed Teacher Internship References and unofficial transcript to schools requesting interns.

Signature \_\_\_\_\_

Submit completed application to:  
Teacher Internship Office  
2036 Winther Hall  
UW-Whitewater  
800 W Main St  
Whitewater, WI 53190-1790