

TEACHER INTERNSHIP REFERENCE CHECK SHEET

Teacher Internship Office
University of Wisconsin-Whitewater

Name _____
Last First Middle

Print the names of the three references that you listed on your Teacher Internship Application Form.

_____ ___ High R ___ Rec ___ R w/Q ___ Not Rec
_____ ___ High R ___ Rec ___ R w/Q ___ Not Rec
_____ ___ High R ___ Rec ___ R w/Q ___ Not Rec

The following is for Teacher Internship Office use only.

Action by Internship Coordinator

_____ Approved Date _____

_____ Denied Date _____

Comments:

Date notification sent to student _____