

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

Dates

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

Position/Title

Employer

Location (City/State)

Dates

REFERENCES: List the name, title, business address and phone number of your reference. Send a Teacher Internship Reference Form and completed FERPA Form to your reference as well.

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, Teacher Internship Application, and one completed Teacher Internship Reference 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