

## TEACHER INTERNSHIP APPLICATION FORM

Name (Last, First, Middle Initial):

UW-W ID#:

Address (During Internship):

City:

State:

Zip:

UW-W Email:

Cell Phone:

Student Teaching Semester and Year:

Projected Graduation Completion Date:

Are you bilingual?  Yes  No

Language:

Major:

- Early Childhood Education (Dual Licensure)
- Elementary/Middle Education (K-8) Secondary
- Secondary Education (4 -12)
- Special Education

If Elementary/Middle, Please indicate preferred  
grade and course topic:



**References:** Please make sure to send a Teacher Internship Reference Form and completed FERPR Form to your reference as well.

Name	Title	Business Address	Email	Phone Number

Please reflect on your reasons for becoming a teacher below:

I affirm the accuracy of this completed application. I request and authorize the Office of Field Experience to send my internship packet, consisting of resume, Teacher Internship Application and one completed Teacher Internship Reference to schools requesting interns.

Submit completed application to:

Office of Clinical Experience

Winther Hall #2003

UW-Whitewater

800 W. Main St Whitewater, WI 53190

or email, Jill Gerber at

[gerberj@uww.edu](mailto:gerberj@uww.edu)

Student Signature

Date