DELTA STATE UNIVERSITY
COLLEGE OF EDUCATION

APPLICATION FOR DIRECTED TEACHING INTERNSHIP

All teacher candidates must complete an application prior to internship. The deadline for application acceptance for fall internship is the week of February 15th prior to the internship semester. The deadline for acceptance for spring internship is the week of September 15th prior to the internship semester.

Name ____________________________ Date ____________________________

Last                           First                            Middle

Campus Address ____________________________ Campus Phone ____________________________

Home Address ____________________________ Home Phone ____________________________

Cell Phone ____________________________

E-mail Address ____________________________ Major ____________________________

All correspondence with teacher candidates prior to and during internship is through e-mail. E-mail addresses must be current and teacher candidates need to check e-mail daily for information from the Office of Field Experiences.

ALL PRAXIS TESTS MUST BE PASSED BEFORE INTERNSHIP:

• Pre-Professional Skills Test (PPST) or Computerized Pre-Professional Skills Test (C-PPST)
• Praxis II: Subject Assessment/Specialty Area
• Praxis II: Principles of Learning and Teaching (PLT)

Contact the Office of Field Experiences (846-4405) for the appropriate test code for your major.

Expected Graduation Date – Semester and Year: ____________________________

When do you prefer to complete internship? (circle one) Fall Spring Year: ___________

* Continued on back
You will be assigned to a **school district** after you have completed all requirements for internship. **Students are not to contact school districts or teachers.** Please indicate in the space below your **school district** preference where you would like to do your internship and any extenuating circumstances to be considered in making your assignment. **Specific schools should not be requested on this application.**

School District Choice 1: ____________________________________________________________

School District Choice 2: ____________________________________________________________

Extenuating Circumstances (if applicable): ____________________________________________

**If you do not complete internship during the semester you have requested above, you must re-apply in the Office of Field Experiences to be admitted the following semester. Deadline dates will apply for reapplications.**

**I understand that the Director of Field Experiences will make the final decision as to where I will do my internship. My signature indicates that I read and understand all requirements and procedures stated in the above application.**

Signature _________________________________ Date __________________________

The following attachments must accompany this application:

1. Resume’
2. Recent Photograph