

*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