

## Intent to Complete Internship/Practicum

*This form is for Teacher and Education Specialist Certification only and should be submitted two terms prior to the internship or practicum experience*

### STUDENT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last name	First	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Student ID	Date of Birth (MM/DD/Year)	Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City/Town	State	Zip

### ACADEMIC INFORMATION

Degree:  Certification only  MEd  MAT  MS  CAGS  Other \_\_\_\_\_

Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

Area of Certification Endorsement: \_\_\_\_\_

Program Advisor: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

### INTERNSHIP/PRACTICUM INFORMATION

Which field experience will you be completing?  Internship (9-12 Credits)  Practicum (3-6 Credits)

For nine credit, ED5960 interns only, which internship schedule do you hope to follow?  
(Note: One level requires twelve-weeks, two levels require eight-weeks in each)

Fall 6 credits, Winter 3 credits  Winter 3 credits, Spring 6 credits  Fall 3 credits, Winter 3 credits, Spring 3 credits

Please provide the name of the school(s) where you plan to complete your internship or practicum.  
*\*Internship and practicum teaching experiences at the graduate level are arranged by the graduate student.  
 \*Internships for programs leading to K-12 certification require two placements in two levels (one eight-week placement at the primary level and one eight-week placement at the secondary level).*

1st School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

2nd School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

My signature indicates that I have reviewed the Road to Teacher Certification on the Plymouth State University College of Graduate Studies Web site ([plymouth.edu/graduate/educator/certification](http://plymouth.edu/graduate/educator/certification)). I understand the prerequisites for the internship or practicum experience, and failure to meet these prerequisites will impede my progress towards my internship or practicum experience being facilitated. My signature also indicates that I give Plymouth State University permission to use any of my coursework relative to educator certification for accreditation and state program approval processes.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_