Plymouth State University
COLLEGE OF GRADUATE STUDIES

Internship/Practicum Placement Confirmation

This form is for Teacher and Education Specialist Certification only and must be submitted prior to or along with the internship or practicum course registration

INTERNSHIP/PRACTICUM INFORMATION
(If internship or practicum will be at multiple sites, this form must be completed for each site)

Student ID | Last name | First | MI

Area of Certification: _____

Will you be completing an internship or practicum?: ☐ Internship (9-12 Credits) ☐ Practicum (3-6 Credits)

Internship/Practicum Location & Mailing Address: _____

_____

Internship/Practicum Location Phone Number: _____

Internship/Practicum Grade Level(s): _____ Subject(s): _____

Date of Interview: _____/_____/_____ Internship/Practicum Beginning: _____/_____/_____ Ending: _____/_____/_____

My signature verifies that I have completed or am scheduled to complete all program requirements, other than the culminating field experience, prior to the start of my internship or practicum. My signature also verifies that I have completed all requirements set forth by my internship or practicum site, including criminal background check.

Student Signature: _____ Date: _____/_____/_____

MENTOR TEACHER *(Typically for internship teaching field experience only)*

Name:_____ Grade: _____

Subject: _____

E-mail Address: _____

Mentor Teacher Signature: _____ Date: _____/_____/_____

PRINCIPAL INFORMATION

Principal Name: _____

Principal e-mail Address: _____

*To Principal or Designee: Your signature verifies that the Mentor Teacher assigned to the intern has a minimum of three years teaching experience. Your signature also verifies that that your school building meets all applicable life/safety codes and is approved by the state Department of Education.

School Principal Signature: _____ Date: _____/_____/_____

MAIL COMPLETED FORM TO: Plymouth State University College of Graduate Studies, MSC 11,
17 High Street, Plymouth NH 03264-1595 or fax to: (603) 535-2572