

STUDENT INFORMATION:

First Name

Last Name

Phone #

Email Address

I would like to appeal to stay in the the _____ internship in teaching candidate pool.
(Fall/Spring) (Year)

ACADEMIC INFORMATION:

Major: _____ Concentration: _____

Area of Certification Endorsement: _____

Reasons (circle one): **GPA** **PRAXIS**

Explain: _____

Program Coordinators/Department Chair

I approve _____ appeal to stay in the internship in teaching candidate pool.
(Intern Candidate's Name)

Conditions/Deadlines: _____

I understand that it is the program coordinator's responsibility to confirm a placement and assign a university supervisor for this Intern candidate who has a missing requirement of Praxis and/or GPA. Coordinator must contact OEP with this information once the missing requirement has been met. (Elementary education majors need to obtain the signature of the Department Chair not the Program Coordinator)

Signature of Program Coordinator or Dept. Chair

Date

Office of Educator Preparation

An appointment must be set up with the Internship in Teaching Coordinator before this form can be signed. The office will call you with an appointment time. Final approval is given by the OEP.

Signature of Internship in Teaching Coordinator

Date

Office Use Only

Approved: _____

Not Approved: _____