



**COUNTY APPLICATION FOR INTERNSHIP**  
**(For Provisionally/ Non-Renewable Certified Teachers)**  
**College of Education and Health Professions**

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**Student Information:**

Name: \_\_\_\_\_ CSU ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Teaching Field: \_\_\_\_\_ Grade Level/Subject: \_\_\_\_\_

School: \_\_\_\_\_ County: \_\_\_\_\_

**County Representative: Please complete the following and sign below.**

This is to document that the student listed above is officially participating in the Internship Program for Provisionally or Non-Renewable Certified Teachers at Columbus State University and is employed by the county and school listed above.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of County Representative

\_\_\_\_\_  
Date

The Support Team will consist of representatives from the school system. These individuals will be required to complete all evaluative forms, monitor the intern's progress, and provide professional assistance.

**Support Team Members:**

Name of On-Site Administrator (Print): \_\_\_\_\_ Certificate I.D. Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of On-Site Administrator

\_\_\_\_\_  
Date

Name of On-Site Teacher Mentor (Print): \_\_\_\_\_ Certificate I.D. Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of On-Site Teacher Mentor

\_\_\_\_\_  
Date