COUNTY APPLICATION FOR INTERNSHIP

(For Provisionally/ Non-Renewable Certified Teachers)

College of Education and Health Professions

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