



INTERNSHIP APPLICATION
USF St. Petersburg
College of Education
140 Seventh Avenue South, COQ 201
St. Petersburg, FL 33701
Tel: 727-873-4269 Location: COQ 204

DATE: SS#:
(for use with FL Dept. of Ed. only)

NAME: ID#:

DEGREE SEEKING: MAJOR:

GRADUATION DATE:

HOME CAMPUS:

ARE YOU A MEMBER OF SCATT? Yes No

E-MAIL:

PRESENT ADDRESS: ZIP:

PRESENT PHONE:

ADDRESS WHILE INTERNING:

PHONE WHILE INTERNING:

SEMESTER INTERNING:

COUNTY PREFERENCE: PUBLIC 1. NON-PUBLIC

2. OUT OF AREA

ORDER OF ASSIGNMENT OF PREFERENCE: 1

2

3

*****SPECIAL CIRCUMSTANCES*****

Disability Accommodations
(Attach a copy of your letter from Student Disability Services)

List any schools where you have relatives employed or attending
(Attach additional sheet if necessary)

SIGNATURE

DATE

NAME: ID#:

IF YOUR GPA IS BELOW 2.5 (3.0 for graduate students), YOUR APPLICATION WILL NOT BE SENT TO THE COUNTY FOR PLACEMENT.

GPA SUMMARY

<i>For Elementary Majors Only:</i>	
Combined Core and Specialization GPA (Undergraduate only)	<input type="text"/>
Cumulative USF GPA*	<input type="text"/>
<i>For Special Education and Secondary Education Majors Only:</i>	
Professional Core GPA (Undergraduate only)	<input type="text"/>
Cumulative GPA*	<input type="text"/>
Specialization GPA (Undergraduate only)	<input type="text"/>

A. LIST OF COURSES REMAINING TO BE TAKEN PRIOR TO INTERNSHIP

Note: Including present semester and courses with grade of an "I"

Course Prefix/Number	Course Title
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

B. LIST COURSE(S) TO BE TAKEN WITH INTERNSHIP

Note: Students requesting to take a course with final internship must obtain approval by submitting a College of Education Petition

Course Prefix/Number	Course Title
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

CRIMINAL RECORD INFORMATION – ALL APPLICANTS PLEASE READ VERY CAREFULLY.

FOR OFFICE USE ONLY	
<p>Note to Advisors: Your signature is authorizing that the requirements needed for interning have been or will be met prior to the internship semester. Your signature indicates you have verified the GPA. In addition, you have reviewed the listing of courses and approve the above listed courses to be taken with or after internship. If a petition is needed, it is your responsibility to notify the student.</p>	
ADVISOR'S SIGNATURE _____	DATE _____

Name: Social Security Number:

ATTENTION: Under provisions in Florida Statutes 943.0585 and 943.059 the **entire** criminal charge/arrest record is revealed to school districts by the Florida Department of Law Enforcement and the FBI when fingerprints are supplied, including “sealed records” and “expunged records.” Therefore, you are **required** to reveal such information on this application.

Be aware that falsification of records includes omission of information and constitutes grounds for dismissal. Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time and rehabilitation will be taken into account in determining effect on suitability for employment.

1. Have you ever been arrested or charged for a criminal offense other than a minor traffic violation? (DUI is NOT considered a minor traffic violation.) Yes No
2. Is there any criminal charge now pending against you other than a minor traffic violation? (DUI is NOT considered a minor traffic violation.) Yes No
3. Are you currently on probation or currently under any imposed requirements for charges other than a minor traffic violation? (DUI is NOT considered a minor traffic violation.) Yes No

If YES to any of the above, give details below.

Date	Location of Charge(s)	Nature of Charge(s)	Disposition of Charge(s)	Is the record sealed?	Is the record expunged?

I certify that the answers given by me to the foregoing questions and statements are true and correct without any falsification, omissions, or misleading statements of any kind whatsoever. I agree that the School District of County shall not be held liable in any respect if I am not granted an internship or if my internship is terminated because of false or misleading statements or answers or omissions made by me in this application.

SIGNATURE

DATE

EDUCATIONAL RECORD

FLORIDA TEACHER CERTIFICATION EXAMINATIONS (FTCE)

I understand that the Florida Teacher Certification Examinations (FTCE) is part of the final internship placement requirements. I must take the FTCE and receive passing scores *prior* to the final internship.

NOTE: REQUIRED FOR ALL INTERNS.

Submit your original passing scores to the Internship Office, COQ 204 prior to your final internship.

Please, indicate the date you took or will be taking the FTCE:

1. General Knowledge Test/CLAST
2. Professional Education
3. Subject Area

GPA SUMMARY

For Elementary Majors Only:

Combined Core and Specialization GPA (Undergraduate only)

Cumulative USF GPA*

For Special Education and Secondary Education Majors Only:

Professional Core GPA (Undergraduate only) Cumulative GPA*

Specialization GPA (Undergraduate only)

INTERNSHIP/FIELD EXPERIENCE RECORD			
NOTE: List internships or practicum even if TBA			
Level or Practicum	Name of School	Grade Level	Semester

WORK EXPERIENCE RELATED TO CHILDREN OR YOUTH/TEACHING EXPERIENCE			
(INCLUDE ANY VOLUNTEER WORK)			
Date	Organization	Location	Type of Work

SIGNATURE

DATE

EDUCATIONAL AUTOBIOGRAPHY

Please provide a brief handwritten educational autobiography:

SIGNATURE

DATE

CONSENT FORM

Please read each statement, type name on each line, sign and date at the bottom of the page.

The school district makes all intern assignments in consultation with the district administrators, principals, teachers, and the Internship Office in the College of Education. The College of Education and the respective districts have agreed that these **PLACEMENTS ARE FINAL**, and students should **NOT** request a change from either the school district or the **COLLEGE OF EDUCATION**.

I understand that the College of Education at the University of South Florida St. Petersburg is **NOT** responsible for my transportation to and from my internship placement. It is my responsibility to make appropriate arrangements in order that I may be at the school site on the first day of my internship.

I understand that I may only register for Internship and Senior Seminar (if appropriate for the program) during the semester of my internship. My advisor must indicate approval of any additional courses to be taken with my internship by signing the Eligibility of Verification Form to indicate approval. In addition, I must submit a petition for approval from the College of Education Academic Regulations Committee* to take a course other than the one mentioned above. The petition or a copy of the approval must be attached to the internship application. I further acknowledge awareness that if approval to take additional courses with my internship is not obtained, the Associate Dean of the College of Education reserves the right to administratively withdraw me from any additional course, or final internship.

I do hereby give consent to the Internship Office in the College of Education to release all information contained in this application for Internship to the district I am assigned, to the principal of the school where assigned, and to my Cooperating Teacher(s)/ University Supervisor(s).

I do hereby give consent to the Internship Office in the College of Education to release my name, address, and phone number in a directory giving information to county districts and/or non public schools who request such information for the purpose of filling teacher vacancies.

SIGNATURE

DATE

* (for undergraduate students) or the Student Appeals Committee (for graduate students)