



Application for Admission to Student Teaching Internship

Applicant: Complete the application form below and email or mail to the Education Department office.

Advisor: Review WHIF to assure all requirements have been met and sign the advisor section on the second page.

Semester of internship: Spring 202__ (Application due: September 15)
Fall 202__ (Application due: February 15)

Name _____ Soc. Sec. ____ / ____ / ____ Date of application _____

Address _____ City _____ State/zip code _____

Phone number _____ E-mail address _____

Grade/Subject placement preference: First choice _____ Second choice _____

School location preference: First choice _____ Second choice _____

Do not arrange your own placement - Long Term substitute positions (minimum at least a full semester) are acceptable.

Schools in which immediate family members are employed/enrolled: _____

Check the Education classes you have completed.

- EDEL 311 or EDSC 311 EDEL 313 or EDSC 313 EDEL 315 or EDSC 315 EDRL 474
- EDEL 433 EDEL 443 EDEL 453 EDRL 437 EDRL 442 EDRL 443 EPY 330
- EDSC 433 or 453 or 463 or 473 or EDCT 439 EDSP 301 EDU 250 EDUC 323 EDUC 406

List all courses in which you are **presently** enrolled. If some are from a college other than GBC, please indicate what college and anticipated completion date.

List any course you plan to take **next** semester while student teaching.

Major or Endorsement area/s _____

What courses do you still need to complete your **endorsement**? _____

Student Signature: _____ Date: _____

**** A copy of your Substitute License must accompany application.****

Obtain a copy at the following website: <https://online.nvdoe.org/#/VerifyLicense>

****The following information to be completed by regional Field Coordinators or Advisor.****

Applicant has had successful field experience placements: Yes No

Notes:

Field Coordinator or Advisor signature

Date

****The following information to be completed by Program Supervisor after submission.****

Applicant has met or is currently enrolled in all student teaching course requirements: Yes No

Notes:

Advisor signature

Date

****The following data to be completed by Teacher Education Department****

GPA: Cumulative _____ Education _____ Endorsement _____

Total number of credit hours (40 completed minimum) _____ (in progress) _____

Total number of **upper division credit hours** (completed) _____ (in progress) _____

Praxis Core Scores M: _____ R: _____ W: _____

Sub license number: _____ Place copy in their file. Check one: _____ Traditional or _____ Long term sub