

## TEACHER INTERNSHIP APPLICATION FORM

Name (Last, First, Middle Initial):

UW-W ID#:

Address (During Internship):

City:

State:

Zip:

UW-W Email:

Cell Phone:

Student Teaching Semester and Year:

Projected Graduation Completion Date:

Are you bilingual?  Yes  No

Language:

Major:

- Early Childhood Education (Dual Licensure)
- Elementary/Middle Education (K-8) Secondary
- Secondary Education (4 -12)
- Special Education
- Physical Education
- Music

\*\* If Elementary/Middle, Please indicate preferred grade and course topic:



**References:** Please make sure to send a Teacher Internship Reference Form and completed FERPR Form to your reference as well.

Name	Title	Business Address	Email	Phone Number

Please reflect on your reasons for becoming a teacher below:

I affirm the accuracy of this completed application. I request and authorize the Office of Field Experience to send my internship packet, consisting of a resume, Teacher Internship Application and one completed Teacher Internship Reference to schools requesting interns.

Submit completed application to:

Office of Clinical Experience  
Winther Hall #2003  
UW-Whitewater  
800 W. Main St Whitewater, WI 53190

or email, Jill Gerber at

[gerberj@uww.edu](mailto:gerberj@uww.edu)

Student Signature:

Date: