

Office of Clinical Experiences

Teacher Internship Clearance Form

Students: Complete this form and take it to your Subject Area Coordinator for signature or attach a copy of an email from him/her indicating approval for you to student teach during the semester you filled in below.

Name (First, Last):	
ID#:	
Cumulative GPA:	
Indicate the semester and year you plan to	student teach:
Check only those that apply to your Approve Early Childhood Education (Dual Lice Elementary/Middle Education (1-8)	_
Secondary Education (6-12) At what level Special Education	I will you be student teaching? Middle School High School
Check here if you have filed an Application the UW-Whitewater Center for Students wigerberj@uww.edu.	
Subject Area Coordinator: A student can only accesshe/he has been approved to student teach. You student is approved to student teach during the scircumstances notwithstanding.	r signature or email verifies that this
Signature of Subject Area Coordinator	Date
Signature of Bilingual Coordinator	Date
(over)	



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Subject Area Coordinators

Art – Kristen Monday	Music – Alena Holmes
Business Education – Karla Saeger	Science – Liesl Gapinski
Early Childhood Education (ECE)	Social Studies – James Hartwick
ECE4U-Anne Tillett or Campus EC-Lori Becker	
Elem/Middle Education – Yao Fu	Special Education- Barb Hilliker
English – Annie Stinson	World Languages- Jenna Cushing-Leubner
Math – Wade Tillett	ESL and/or Bilingual/Bicultural- Andrew Hurie