

**PAID INTERNSHIP REQUEST**

This form allows Master of Art's in Teaching students to request a paid final internship. Paid final internships are not guaranteed without approval of this form, which includes verification of a Principals' offer of employment and approval by the academic department. Students should submit their request to [edu-advise@usf.edu](mailto:edu-advise@usf.edu) prior to the first week of classes for the semester in which the student will enroll in final internship.

**Prior to submitting a request, students should submit an Intent to Intern Application at the link below:**

<https://www.usf.edu/education/field-and-clinical-education/apply.aspx>

**Section A: To be completed by the student**

Student's Name \_\_\_\_\_ USF ID \_\_\_\_\_ Email \_\_\_\_\_

Phone number with area code \_\_\_\_\_

Semester/Year you will be enrolling in final internship \_\_\_\_\_ / \_\_\_\_\_ Program of Study \_\_\_\_\_

**Section B. Student should have this section completed and signed by the hiring Principal and Assigned Mentor**

Hiring School \_\_\_\_\_ County \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Grade level \_\_\_\_\_ Class \_\_\_\_\_ Type of position \_\_\_\_\_

(Ex: History, English)

(Ex: teacher of record, long-term substitute)

Teaching load that intern will assume \_\_\_\_\_

Directing/Mentoring Teacher's Name \_\_\_\_\_ Email \_\_\_\_\_

**Teacher must initial appropriate box indicating he/she meets required qualifications to act as a mentor**

Has taught successfully for at least three years, taken state approved certified training and is certified in the candidate's area of specialization

**OR**

Has completed a Mentor Teacher Program approved by the district

Principal's name \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_ -

Print

Signa

**Section C. To be completed by the Academic Department**

Approved for paid internship: \_\_\_ Yes \_\_\_ No

Field/Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**Section D. To be completed by The Office of Field and Clinical Education**

Approved for paid internship: \_\_\_ Yes \_\_\_ No

Director \_\_\_\_\_ Date \_\_\_\_\_

**Section D. To be completed by Student Academic Services**

Eligible to Intern: \_\_\_ Yes \_\_\_ No

Placement updated in database: \_\_\_ Yes \_\_\_ No

Director \_\_\_\_\_ Date \_\_\_\_\_