

## PAID INTERNSHIP REQUEST

The purpose of this form is for Master of Art's in Teaching students to request a paid final internship. Paid final internships are not guaranteed without completion of this form, which includes verification of a Principals' offer of employment and approval by the academic department. The completed and signed form must be submitted to Uwf gpvCecf go le"Ugtxlegu, EDU 106, r tkqt "q"the first week of classes for the semester in which the student is enrolled in final internship. Questions or concerns regarding the status of your request should be directed to Jordan Gravlee at jgravlee@usf.edu.

### Section A: To be completed and signed by the student

Intern Name \_\_\_\_\_ USF ID \_\_\_\_\_ Email \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Semester Interning \_\_\_\_\_ Graduate Program \_\_\_\_\_ Specialization Area \_\_\_\_\_

To begin the process, you must have completed the following steps:

1. Submit the online Intent to Intern Application:

<https://www.usf.edu/education/undergraduate/internship-requirements/final-internship.aspx>

Verify that you received an email from your academic advisor indicating your internship eligibility. Contact your academic advisor if you any questions regarding internship eligibility.

By signing below, you are signifying that you have completed the steps listed above.

Uwf gpvCecf go le"Ugtxlegu \_\_\_\_\_ Date \_\_\_\_\_  
Signature indicates eligibility to intern

### Section B. To be completed and signed by the hiring Principal and Assigned Mentor

Hiring School \_\_\_\_\_ County \_\_\_\_\_  
School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Principal Name \_\_\_\_\_ Phone \_\_\_\_\_  
Grade level \_\_\_\_\_ Class \_\_\_\_\_ Type of position \_\_\_\_\_  
(Ex: History, English) (Ex: full-time, long-term substitute)  
Teaching load that intern will assume \_\_\_\_\_  
Directing/Mentoring Teacher's Name \_\_\_\_\_ Go ckl'aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa\_aa  
Print  
Signature (Assigned teacher's signature indicates agreement to direct/mentor intern)

**Assigned teacher must initial appropriate box indicating he/she meets required qualifications to mentor intern.**

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 \_\_\_\_\_ Date \_\_\_\_\_  
Print Signature

### Section C. To be completed by College of Education

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

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

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

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

Placement: \_\_\_ Yes \_\_\_ No

Academic Program Specialist \_\_\_\_\_ Date \_\_\_\_\_