

COLLEGE OF ARTS & SCIENCES, AND EDUCATION Office of Field Services and Professional Development Schools 2500 West North Avenue, Baltimore, Maryland 21216

Grace Hill Jacobs Room 709; (410) 951 – 3081 "Educator as a Reflective Facilitator of Learning"

Internship Application

PERSONAL INFORMATION					Date of Appl	catio
Name:	+		Last	// Date of Birth	Student ID #	
1115	ι	IVII	Last	Date of Bitti	Student ID #	
Local Address:						
	et/Apt #		Email Address	City	State Zi)
Academic Major:			Mino	or:		
GPA:	Expec	rted date of Grad	uation.			
Do you have a car?	Ехрес		□ No			
j			· · ·			
ADDITIONAL INFORMATIO	N (Check	appropriate answer	·)			
If you answer "yes" to any of the Complete your field experiences Course Sen	-			attach. P-12 Clinical Educator	# of hours completed	
ADDITIONAL INFORMATIO	N (Dlagan					
		al education requirer		nt by initialing on each space	e provided.)	
I have comple	eted all genera	ll education requirer	nents	ni by initiating on each space	e provided.)	
I have comple	eted all genera	ll education requirer l minor course requi	nents rements		e provided.)	
I have comple	eted all genera eted major and e point averag	al education requirer 1 minor course requi e of at least 2.5 (BS)	nents irements)/3.0 (MAT/M.Ed. Tr			

____ I have taken passed the essay requirement. (Indicate the correct response by checking the appropriate box.)

I have completed the physical examination requirement.

Return the completed form to the Office of Field Services - GJ 709