

Name: \_\_\_\_\_ ASU ID Number: \_\_\_\_\_

Race: \_\_\_\_ Gender: \_\_\_\_ (For statistical purposes only) Catalog Year: \_\_\_\_\_ Branch Campus: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street or Box City State Zip

Undergraduate Majors

Major: \_\_\_\_\_ Program of Study:  Yes  No  
(for individual already having a bachelor degree)

Graduate Students in METP  
Program/Area Subject: \_\_\_\_\_

Middle Level Subject Area (check one)  Math/Science  Language Arts/Social Studies

Secondary Grade Level (check one)  7-12  P-8 & 7-12

Residential Address During Internship			
Street or Box	City	State	Zip
Phone:	E-Mail:		

High school from which you graduated: \_\_\_\_\_

Public School Field Experiences: List schools and grades.

Level I Experience: \_\_\_\_\_ Grade: \_\_\_\_\_  
School

Level II Experience: \_\_\_\_\_ Grade: \_\_\_\_\_  
(MLED & Secondary only) School

Level III Experience: \_\_\_\_\_ Grade: \_\_\_\_\_  
(ECH only) School

FOR ECH4 AND MLED ASSIGNMENTS ONLY – Circle preference of grade level

(ECH P-4: K & 1 – 2 – 3 – 4) ( ECH/SpEd: K & RR) (MLED 4-8: 4 – 5 & 6 – 7 – 8)

Required courses after teaching internship semester: \_\_\_\_\_

**List below any schools in which you have immediate family members, their grade levels, and/or positions.**

I understand that I must meet all requirements specified in the undergraduate Teacher Education Handbook and the Undergraduate Bulletin when the actual assignment for teaching internship experience takes place. I further understand that the final approval is contingent on the recommendation and validation of my advisor and university supervisor.

I acknowledge that during the internship semester I am not permitted to enroll in other university/college courses including correspondence, web, distance learning, or courses at other universities/colleges. I will only be enrolled in the internship.

I am prepared to honor these standards, policies, and social expectations of the school and community to which I am assigned for my internship.

I understand I must provide documentation that my Child Maltreatment Central Registry has cleared and my fingerprint non-criminal background check (NCBC) has been approved at the ADE, AELS Public Site, to be eligible for the internship.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Supervisor's Signature (Secondary only)

\_\_\_\_\_  
Advisor's Signature