

### Internship I & II Application

Name: _____  Piedmont student ID#: _____  Official Piedmont email: _____  Cell #: _____  Home#: _____  Mailing address while completing internship: _____ _____  County of residence : _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Check ALL that Apply</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Demorest Student</td> <td style="text-align: center;"><input type="checkbox"/> Undergraduate Student</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Athens Student</td> <td style="text-align: center;"><input type="checkbox"/> Graduate Student</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> Certification Only</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Check ONE</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Internship I</td> <td style="text-align: center;"><input type="checkbox"/> Advanced Internship I</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Internship II</td> <td style="text-align: center;"><input type="checkbox"/> Advanced Internship II</td> </tr> </table> Major: _____  Concentration: _____	Check ALL that Apply		<input type="checkbox"/> Demorest Student	<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Athens Student	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Certification Only		Check ONE		<input type="checkbox"/> Internship I	<input type="checkbox"/> Advanced Internship I	<input type="checkbox"/> Internship II	<input type="checkbox"/> Advanced Internship II
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Read the following carefully before completing this application.

- To assure placement, submit this application **completed and signed** by: October 1<sup>st</sup> for the Spring Semester OR March 1<sup>st</sup> for the Fall Semester. Submission after those dates may result in having to wait until the following semester to obtain a placement for internship.
- It is the responsibility of the School of Education to assure that each placement provides (a) experiences that prepare the teacher candidate for teaching in realistic situations and (b) competent supervision and support.
- Placement preferences must be within 50 miles of **either the Demorest campus or Athens campus**. Please note that this is not necessarily within 50 miles of your home.
- Piedmont College reserves the right to change a placement or remove a candidate from an internship with cause at any time.
- Please include a copy of your current liability insurance with this application from one of the professional teacher organizations.

**ALTHOUGH YOUR PREFERENCES WILL BE CONSIDERED, IT IS THE RIGHT OF THE SCHOOL OF EDUCATION (SOE) TO PLACE TEACHER CANDIDATES IN THE MOST APPROPRIATE SITUATION BASED ON AGREEMENTS WITH SCHOOL SYSTEMS, PIEDMONT SOE PROGRAM REQUIREMENTS AND GAPSC STANDARDS. ONCE A PLACEMENT IS CONFIRMED, IT IS FINAL.**

**DO NOT, UNDER ANY CIRCUMSTANCES, CONTACT SCHOOL DISTRICTS, TEACHERS, OR PRINCIPALS TO MAKE ANY PLACEMENT INQUIRIES. FAILURE TO COMPLY MAY RESULT IN DENIAL OF REQUEST FOR INTERNSHIP II PLACEMENT.**

Your signature verifies that you understand the following:

- *Piedmont's placement procedures must be adhered to during the internship experience.*
- *You must confirm that no changes in your criminal background status have occurred since your original background check with Piedmont College was documented.*
- *Your internship may be delayed if you do not present passing scores on the GACE Content Exams (Internship II only) by Dec. 1<sup>st</sup> for the spring semester placement or **by May 1<sup>st</sup>** for the fall semester placement.*
- *Your admission to teacher education (ATE) and pre-service certification **must be completed before applying** for any internship. Applicants who do not have pre-service certification will not be considered for placement.*
- *The co-requisite Methods courses must be completed for the teacher candidate's specific program before or during the semester of the internship. See course schedule for specific dates.*

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*If you do not list alternatives to your first choice and your placement request is denied, you will be placed at the discretion of the Coordinator of Clinical Experiences.**

**School Districts Preferred**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**School Preference**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\* Have you been employed by any of these school districts? [ ] Yes [ ] No

If yes, please list \_\_\_\_\_

**Grade Band Preferences**

**Select your placement preference for internship II – this applies to all internship I and Internship II candidates**

Early Childhood Education	<input type="checkbox"/> Pre-K - Kindergarten <input type="checkbox"/> 1 <sup>st</sup> - 3 <sup>rd</sup> Grade <input type="checkbox"/> 4 <sup>th</sup> - 5 <sup>th</sup> Grade
Middle Grades	<input type="checkbox"/> 4 <sup>th</sup> - 6 <sup>th</sup> Grade <input type="checkbox"/> 7 <sup>th</sup> - 8 <sup>th</sup> Grade
Secondary	<input type="checkbox"/> 6 <sup>th</sup> - 8 <sup>th</sup> Grade <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> Grade
Art, Music, Drama, and Special Education	<input type="checkbox"/> Pre-K - 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> - 8 <sup>th</sup> Grade <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> Grade

**Advanced Internship Teacher Candidates Only**

Date	School District Name	School Name	Provisional Cert. #

\* Please attach a copy of your contract for employment. Please mark through any salary information & your social security number.  
 \* Also, attach a copy of your schedule including specific courses you have been assigned to teach.

**ADVISOR**

**Please verify the following information before you turn in the application.**

Teacher Candidate GPA \_\_\_\_\_ Admission to Teacher Education Date \_\_\_\_\_

**Pre-service Certification Number** \_\_\_\_\_ (this can be verified at [www.gapsc.com](http://www.gapsc.com))

Check here to verify that you have completed the graduation application for the teacher candidate. \_\_\_\_\_

**Your signature below verifies that all information in the ADVISOR section of the application is accurate and complete.**

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