

SINGLE SUBJECT INTERN PROGRAM APPLICATION

Student ID #: _____

Name: _____
Last, First, Middle Initial

Mailing Address: _____
Street, City, State, Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Single Subject Area: _____

It is the applicant's responsibility to verify that all intern program requirements are successfully completed and that all required documentation is in the Program Admissions File (P.A.F.) at the Jim and Judy Watson, College of Education Student Services prior to or at the time of submission of the Single Subject Intern Program Application. *Please note: Processing time is approximately 5 -10 business days.*

Student Signature: _____ **Date:** _____

OFFICE USE ONLY

	<u>Quarter</u>	<u>Grade</u>	
ESEC 407	_____	_____	<input type="checkbox"/> Official CSET – Expires _____ OR Official Waiver Letter _____
ESEC 410	_____	_____	
ESEC 413	_____	_____	<input type="checkbox"/> Official Basic Skills Requirement
ESEC 550A	_____	_____	<input type="checkbox"/> Negative TB – Expires _____
U.S. Constitution	_____	_____	<input type="checkbox"/> Certificate of Clearance – Expires _____
Quarter currently enrolled: _____			
Incomplete Application, student notified: _____			
Intern Eligibility Letter sent to student: _____			