Jim and Judy Watson COE Student Services
Program Admissions CE 102
5500 University Parkway
San Bernardino, CA 92407-2393
(909) 537-7400

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO
College of Education

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 all intern program requirements are successfully completed and 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

	Semester	**Grade**
ESEC 407 or ESEC 6001	_____	_____
ESEC 410 or ESEC 6004	_____	_____
ESEC 413 or ESEC 6003	_____	_____
ESEC 550A or 120 Hours	_____	_____
Early Fieldwork	_____	_____
U.S. Constitution	_____	_____

☐ Official CSET – Expires _____ OR
Official Waiver Letter _____

☐ Official Basic Skills Requirement

☐ Negative TB – Expires _____

☐ Certificate of Clearance – Expires _____

Semester currently enrolled: _____

Incomplete Application, student notified: _____

Intern Eligibility Letter sent to student: _____