

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY
CENTER FOR INTERNSHIPS & PROFESSIONAL DEVELOPMENT



APPLICATION FOR EDUCATIONAL INTERNSHIP

SECTION A: CANDIDATE INFORMATION

Last Name:	First Name	Middle Initial	Maiden Name
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BANNER Identification Number:

Local Address:	City:	State:	Zip
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Phone:	Cell Phone:
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Email Address:

Have you ever been convicted of a felony or crime other than a minor traffic accident? ____ Yes ____ No (Check one)
 If yes, please explain:

Have completed (or presently enrolled in) all courses required for licensure EXCEPT:

Please check below the area of Internship or Practicum and attach a current resume to this application:

- Adult Education
- Counseling (specify) _____
- MAT (specify) _____
- School Administration (MSA)
- Instructional Technology
- Reading
- Elementary Education

- IMPORTANT:**
- **If you have lived in North Carolina for the past 7 years**, please complete and attach the Guilford County Schools (GCS) Release of Information Form.
 - **If you have lived outside of North Carolina within the past 7 years**, please complete the Guilford County Schools Consumer Reports Release/Order Form and the B.I.B. Inc. Credit Card Charge Approval Form and send both forms along with a photo copy of your Drivers License to: B.I.B., 9710 Northcross Ctr. Huntersville, NC 28078. Fax: 1-704-439-3901

Are you employed full time? ____ Yes ____ No

Estimated Mileage One Way from the Location of Internship Site to home address:

Semester of Internship: Fall / Spring (circle one)	Year of Internship: 20____
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SECTION B: DESIRED INTERNSHIP SITE INFORMATION

Name of Agency/School (1st Choice):

Site Supervisor's Name/Principal Name:	Telephone Number:
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Address:

City:	State:	Zip:	County:
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Name of Agency/School (2nd Choice):

Site Supervisor's Name/Principal Name:	Telephone Number:
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Address:

City:	State:	Zip:	County:
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Signature of Applicant

Date

Signature of Advisor

Date

Signature of Chairperson

Date