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

BANNER Identification Number:

Local Address:	City:	State:	Zip

Phone:	Cell Phone:

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
- ❑ School Administration (MSA)
- ❑ MAT Secondary Program
- ❑ 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_____

SECTION B: DESIRED INTERNSHIP SITE INFORMATION

Name of Agency/School (1st Choice):

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

Address:

City:	State:	Zip:	County:

Name of Agency/School (2nd Choice):

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

Address:

City:	State:	Zip:	County:

_____ _____
Signature of Applicant Date

_____ _____
Signature of Advisor Date

_____ _____
Signature of Chairperson Date