

UNIVERSITY OF ALASKA ANCHORAGE

College of Education



Counseling & Special Education Department

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Special Education Program  
2<sup>nd</sup> SEMESTER of ADVANCED INTERNSHIP APPLICATION

Directions: **Please take the time to fill out this form completely.** The contents will be reviewed by the placement committee as well as other professionals who may work with you during your internship experience.

Name: _____	Student ID: _____
Home Phone: _____	Work Phone: _____
Cell Phone: _____	
Address: _____	
E-mail Address: _____	

DEADLINE TO APPLY: 15 October for Spring, 15 April for Fall

**If you will be returning to the same placement as last semester complete this section:**  
**Please note that the host teacher must sign this form.**

Host Teacher: \_\_\_\_\_ Location: \_\_\_\_\_

I agree to host this intern for a second semester;

\_\_\_\_\_  
Host Teacher phone date

**IF you will be going to a new placement for your next semester complete this section:**

**Placement Desired:**

Prioritize three suggestions for your Internship assignment including age/grade of students, general locale or school.  
**Do not contact any teacher, school, or organization regarding any placement!**

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

**Professional Agreement:**

Your signature below certifies that you completed an internship application for your first semester of internship and that pertinent information remains the same. The above information allows program faculty to gather necessary information to evaluate your application and to share that information with school district and agency personnel who may agree to support you during the Internship experience.

Signature \_\_\_\_\_ Date \_\_\_\_\_