

*For Office Use Only*

**Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No. of Hours Required: 1st \_\_\_\_2nd \_\_\_\_**

**Placement Division (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1st exp\_\_\_\_\_\_\_\_\_\_\_ 2nd exp \_\_\_\_\_\_\_\_\_\_\_\_**

**Dir: \_\_\_\_\_\_\_\_\_\_ Clerk: \_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_**

**School Education**

**Office of Clinical Experiences and Student Services**

**Application Placement Request - Initial Contact Information**

Complete this form if your request is for a school division other than one of the seven Hampton Roads cities or for an Agency. Intern candidate should make an initial contact to determine if the school division, administrator, or agency will allow the internship**.**

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| ***“The educator as a competent, cooperative, compassionate, and committed leader.”*** |

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| --- | --- | --- | --- | --- |
| Applicant’s Name:  (Pease Type) |  |  |  |  |
| Last Name | First Name | Middle |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: |  |  |  |  |
| Street | City | State | Zip Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone |  |  |  |
| (Home) | (Cellular) | Email |

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| **This is to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Intern’s Name**  **Will be permitted to complete his/her Graduate Internship at**  **(Name of Site) Site Telephone #**  **(Street) (City) State (Zip Code)**  **Person to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **To satisfy requirements (\_\_\_\_CLOCK HOURS) for the Graduate Intern Program.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Director or Principal of Practicum Site**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mentor/Advisor’s Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  University Supervisor’s Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |