

Norfolk State University
 OCESS
 Application for GRADUATE INTERN Programs

Note: Application is to be typed.

For Office Use Only	
Major:	_____
Number of Experiences Required:	_____
1EXP: _____	2EXP _____
Placement	_____

The graduate intern as a competent, compassionate, cooperative, and committed leader.

Semester: (When do you plan to begin the internship?)		Year		Major:	School Counseling PreK-12
Applicant's Name:	Last	First	Middle	Student ID	

Address: (Local)	House No. Street Name	City	State	Zip Code
Telephone: (Local)	(Home)	(Work)	(Cellular)	NSU Email
Address: (Permanent)	House No. Street Name	City	State	Zip Code
Emergency Contact	(Local-other than where you reside)		(Relationship)	(Phone)

INTERN INSTRUCTIONS:

This certification of Departmental Endorsement is to be completed by the applicant and by the official representative(s) of the school of Education and Department in applicant is a major. All applications will be maintained by the Director for the Office of Clinical Experiences and Student Services. This application MUST be submitted to the Office of Clinical Experiences and Student Services after it has been signed by an advisor, the Coordinator for the School Counseling program, and Department Head. Personal copies of documents are the responsibility of the applicant.

APPLICANT CERTIFICATION

I fully understand Norfolk State University's General Policies for Internship and my responsibilities as outlined in the GRADUATE INTERNSHIP HANDBOOK. I further understand that if the prerequisites outlined in the University Catalog have NOT been fully obtained, failure to provide required medical forms, failure to comply with the rules for my internship, or substandard performance in my practicum/internship (field experience) may result in my dismissal from the Graduate Internship Program

I fully understand that a physical examination, tuberculosis/chest x-ray, and background records check are integral to this application process, and I will comply as requested. Specifically, I understand I must pass a UNIVERSAL criminal background check and child abuse and neglect background check as prescribed by VACS 22.1.296.1 and VACS 22.1.296.4 of the code of Virginia.

I certify that all information given is correct, and I have completed all requirements to begin the Internship.

Applicant's Signature: _____ Date: _____

DEPARTMENT ENDORSEMENT:

On the basis of my knowledge of the applicant's preparation and characteristic performance in the subject matter area of _____
 I _____ DO _____ DO NOT endorse this applicant as a worthy and promising candidate for Internship during the _____

Upcoming semester:

Signed Advisor: _____ Date: _____ Signed Coordinator: _____ Date: _____

Approved by (Head of Department): _____ Date: _____

Comment(s)

SECTION I – Personal Data

Student ID:		Birth Date (MM/DD/YY) (Optional)		Gender		Ethnicity	
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Applicants Name: (Please Type)			
	Last	First	Middle

SECTION II - Education

(1) Degree Earned:		Major:	
College or University:		Year Earned:	
(2) Degree Earned:		Major:	
College or University:		Year Earned:	

NSU Advisor:		Telephone:	
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SECTION II – Teaching Related Experience/Placement Support

Teacher:	How many years:		Teacher Assistant:	How many years:		Substitute Teacher:	How many years:	
Most RECENT teaching experience (i.e. grade level, area: SPE-ED,LD,MR ETC., Counseling)								

		How many hours per week do you plan to devote to your Internship?

How do you plan to meet the requirements of the Graduate Program?

Please indicate whether you want a middle or high school placement for the secondary education experience. In what school division?

Applicant’s Signature _____ Coordinator’s Signature _____