NORFOLK STATE UNIVERSITY School of Education Office of Clinical Experiences and Student Services

Fo	r Office Use Only
Major: No. of Hours Re Placement Divis 1 st exp Dir: Date	quired: 1 st 2 nd sion (s):

Application for Graduate Internship						No. of Hours Required: 1 st 2 nd Placement Division (s): 1 st exp2 nd exp Dir: Clerk:		
(*SEMESTER: Who	en do you plan to	begi *Ye		ternship?	Date			
-	Semester.	16	ai.					
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Applicant's Signature			(Date)					
···	DEPA	RTMFNT	ENDORSE	MENT				
On the basis of my kn subject matter area of applicant as a worthy	owledge of the app	licant's	preparat	ion and cha		•		
Department Head, please indicate the University Supervisor:							number(s)	
Signed by (Advisor):							Date:	
Approved by (Major *Comment(s)	Head of Department	t):					Date:	
Johnnes (13)								

NORFOLK STATE UNIVERSITY School of Education Office of Clinical Experiences and Student Services

Application for Graduate INTERNSHIP, p.2

(REQUIRED)

Please check (☑) applicable program: MA DEGREE													
SECTION IPersonal Data	-)	-l!- /	Z/\									
SECTION IPersonal Data Date of Birth:													
Date of Birth: (MM/DD/YY)	INIA DEGRE			TIFICA	TION OI	<u>VLI</u>				16-LGL		L	
Applicant's Applicant's Applicant's Address: (Please Type) Last First Middle Student ID				SE	CTION I	Per	son	al Dat	a				
Name: (Please Type)					Gender			Ethnici	ty				
Address: (Local) Street City State Zip Code Telephone: (Local) (Home) (Work) (Cellular) Email Address: (Permanent) Street City State Zip Code Telephone: (Permanent) (Home) (Work) (Cellular) Email Emergency (Contact: (Local-other than where you reside) (Relationship) (Phone) SECTION II Education History Name of College attended other than NSU: Degree Received (BA, BS etc., and DISCIPLINE) -Norfolk State University Information- Advisor: Major: Emphasis: Graduation Date: Special General Curriculum Adapted General Curriculum Adapted (PRACTICUM) Education: Curriculum Adapted Home Section: Section III Teaching Related Experience (other than ECSE) Teacher Score: SECTION III Teaching Related Experience (other than ECSE) Teacher School How many years? How many years? SECTION IV Teaching Status Do you have at least one year experience as a contracted teacher? "YES NO IIII - IIII NO IIIIIIIIIIIIIIIIIIIII	Name:												
Street City State Zip Code			Last			Firs	st			Middl	le	Stude	nt ID
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Teacher Assistant	Test Score:												
Assistant Substitute Teacher SECTION IV Teaching Status Do you have at least one year experience as a contracted teacher? If "YES", complete this School Name: City: Beginning				N III Tea	ching Rela	ated Ex	(peri	ence (ot	her t				
SECTION IV Teaching Status Do you have at least one year experience as a contracted teacher? If "YES", complete this School Name: City: Beginning	Assistant												
Do you have at least one year experience as a contracted teacher?			School							How man	y years	?	
If "YES", complete this School Name: City: Beginning	Do you have a	t loost s	no voor c:								*VEC	7	NO 🗆
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				nool Name	:			City	y:			ning	

Norfolk State University School of Education Department of Secondary Education and School Leadership

*Required for Administration and Supervision Programs Only APPLICATION MATRIX

Fill - in UED 793 and UED 794 on the row of the level you are requesting.

380–Hour (Course Embedded & Cumulative) Internship Experience Required by Program Verify the Internship Experiences completed previously with the Instructor's signature. Hours as listed are to be distributed among the five levels listed and ensure that diverse settings among urban and non urban environments as well as diverse and less diverse environments are included. Complete the chart below with the appropriate information (<i>level, hours, & courses as you completed them</i>) selected from the choices in each column. Hours: Indicate total number of hours completed at each level. Place UED793 and 794 and the no. of hours you are requesting next to the appropriate level. Courses: indicate either UED 617, UED 630, UED 671, UED 783, UED 793, UED794, or other								
Indicate Urba	n or Nor	n-urban type	e setting for loca	tion	of the venue	2.		
Indicate Diver	rse or Le	ss-diverse ei	nvironment for t	the	field experie	ice.		
Levels and required settings:	Hours total = 200	Course(s)	Urban/Non-urb (at least two settings each)		Diverse/Less (ethnic/socio academic)(at environment	economic/ t least two	Instructor's signature to verify hours completed:	
Elementary School						· ·		
Middle School								
High School Either level above or other level								
Central Office- indicate the dept. requested:	80	UED 793						
Agency								
Candidate's Na	ame		signatu	ıre _		Dat	e	
Advisor's Nam	ne		signat	ture				

Norfolk State University School of Education Office of Clinical Experiences and Student Services

Application for Internship continued

SECTION IV Describe your philosophy of education leadership/teaching.						

SECTION V Placement Request Information (COMPLETE EACH BLOCK IN THIS SECTION)								
	* Note - In order to meet the diversity requirement for experiences, you may select two different school divisions for your placements.							
* School Division:	(1st Experience)	(2nd Experience)						
Grade level/subjects requested					Grade level/ subjects			
No. of hour	•	No. of hours request			No. of hours per week		No. of hours requested	
Department Head/designee's signature to indicate approval of selected clinical practice locations, levels, & hours.								
** Do you requests?	have a need for	any special		If YES, attack supporting the		ter or explanation test.		

Norfolk State University 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.

"The educator of	us a competent, coop	perative, compassion	nate, and commit	ted leader."
Applicant's Name: (Pease	Last Name	First Name	Middle	
Type)		1 2 2 3 3 7 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	112100110	
Address:	Street	City	State	Zip Code
Telephone (Home) (Ce	ellular)	Email	
	thatto complete his/he	Intern's Name or Graduate Interns	hip at	
(Name of Site)		Site Te	elephone #	
(Street) Person to contact	(City)	State (Z	ip Code) ail:	
To satisfy require	ements (CLOC	CK HOURS) for the	Graduate Inter	n Program.
	Director or P	rincipal of Practicu	m Site	
	Mentor	/Advisor's Signature	<u> </u>	_
	University	Supervisor's Signat	ure	
		Date		

Norfolk State University School of Education Office of Clinical Experiences and Student Services

Application - Tuberculosis Test

Last Name	First Name	MI
SSN	/	
	DOB (MM/DD/YY)	Race
Street Address, City, State & Zi		
Telephone: <i>Home: Cellular Phone:</i>		email:
Centuar Fnone:		_ eman
Requested for (please check on	a) Fall Spring	Voor
Requested for (please effects off	c) ran spring	_ 1 cai
On the basis of chest X-ray, tes identified at the top of this page		hereby certify that the student of communicable tuberculosis as
of the date below.		
I am a licensed physician in		(State or
District), United States of Amer		
Date: Signed	l:	
Adress:		
Telephone:()		
Office of Clinical Experiences	and Student Services price	
The test is to be effective through	on the entire field experie	ence

Norfolk State University School Education Office of Clinical Experiences and Student Services Application - Background Verification Form

Background Verification Form

Addendum to Field Experience and Clinical Practice Applications

All applicants are required to read and verify the following statements when submitting requests for field placements:

I have not been convicted of a violation of	of law other than a minor traffic violation					
I do not have any criminal charges or pro	oceedings pending against me.					
I do not have a felony, misdemeanor, or	other offense for drugs, sexual abuse, and	or child				
abuse.						
	conditions are violated, it can result in ca	ncellation of				
the field experience.						
If you are able to verify the above states please sign below:	nents when submitting requests for field	placements,				
preuse sign below.						
Print Name	Signature	Date				
box: Student Comments:						
Print Name	Signature	Date				