

HARDING

UNIVERSITY

Internship II Application

PLEASE FILL OUT IN BLUE OR BLACK INK

Internship II Semester _____

Name _____ Date _____
Last First Mi Maiden

Harding ID# _____

Campus Box Number _____ Harding E-mail _____

Address (If no, Harding Campus Box) _____

Campus Housing/Dorm Room _____ Cell Phone # _____

- Secondary 7-12 Birth-Kindergarten (EC/SPED)
- Secondary K-12 Early Childhood (P-4)
- Elementary Education (K-6)
- Middle Level
- Completed Background Check/Child Maltreatment

Areas of Licensure _____
Major Second Field (If Applicable)

Secondary Kinesiology/Coaching: Which sports do you prefer? _____

Do you prefer to complete your internship at a particular school or with a particular cooperating teacher?
Interns are NOT allowed to do internship at a school they attended or where their children attend. Choose only ONE Searcy school which includes Harding Academy.

	School	Cooperating Teacher
Preference #1	_____	_____ / _____
Preference #2	_____	_____ / _____
Preference #3	_____	_____ / _____

Listed below are the grades available for internship. Circle the grades in which you prefer to be placed.

BK PK K 1 2 3 4 5 6 7 8 9 10 11 12

EdFd 202 Observation _____
School City State

ELED/SEED/SPED 308, 312 or 314 Internship I _____
GRADE: _____ CONTENT AREA: _____ School City State

_____ Special Needs' (Please explain on back)

Intern Signature _____ Date _____