USI Clinical Internship Application (Internal)

1. Complete and review all parts of this application. If you need assistance, contact Ms. Lisa Bartley (lmbartley@usi.edu).
2. Meet with your major advisor to review your printed application and obtain their signature.
3. Meet with Ms. Bartley to review and submit your printed application to Teacher Education.

   Click here to schedule meeting

Candidate Information	
Name:	Student ID #:
Semester/Year of Clinical Internship:	
USI Email:	Non-USI Email:
Major(s):	Minor(s):
Anticipated Address During the Clinical Internship Semester:	
Phone:	USI Overall GPA:
Permanent Address:	

Schools Teacher Candidate Attended (Do not include USI)		
	School Name, City, State	**Years Attended**
Elementary or K-8		
Middle School/Jr. High		
High School		
Prior College/University		

Select your preference for placement (Choose ONE option only)	
☐	Local Public (Ex. EVSC, Warrick County, Mt. Vernon, North Posey)
☐	Local Private (Ex. Catholic Diocese of Evansville, Evansville Christian)
☐	Non-Local (Outside the local area, but within a 50-mile radius of USI)

Do you have any relatives who attend or are employed by a school corporation in the placement area requested?	☐ Yes ☐ No If yes, list those schools:
Have you ever been a student in a teacher education program other than at USI?	☐ Yes ☐ No If yes, list school:
Are you currently employed by any school corporation in any capacity?	☐ Yes ☐ No If yes, list school and role:
Are you interested in the TEACH NOW year-long clinical internship program?	☐ Yes ☐ No If yes, you will receive more information at a later date. You are not obligated by checking Yes.

Clinical Practice Information: Please list any classroom experiences you have had or are participating in currently as part of your USI coursework	
School	**Grade Level**

Remaining Coursework: List the remaining courses to be completed BEFORE the clinical internship semester. Include course abbreviation, number and a short title (Ex. BIOL 105: Intro Biol). Reminder: ALL other coursework must be complete aside from your final internship and seminar course to be eligible for your clinical internship. See your advisor if you have questions.		
SPRING	**SUMMER**	**FALL**

Advisor Review and Approval	
The advisor's signature indicates that this candidate meets all Teacher Education requirements, including admission to Teacher Candidacy, a 2.75 GPA overall and in all major(s) and minor(s). The signature also indicates that all application materials are accurate and essays have been reviewed and are acceptable for external review. Advisors should complete the major(s)/minor(s) GPA information and sign below.	
Major(s):	**GPA(s):**
Minor(s):	**GPA(s):**
Advisor's Signature:	**Date:**

Important Information for Students with Disabilities

If you have a disability for which you may require accommodations to participate in your clinical internship, please register with Disability Resources as soon as possible. To qualify for accommodations, students must first register in the Disability Resources office, Science Center (SC) 2206, 812-464-1961 (usi.edu/disabilities). Even if you are already registered, you must still contact their office as soon as possible regarding your clinical internship, as accommodations you receive in the clinical internship environment may differ from those that you receive in an on-campus setting. To help ensure that accommodations are available when needed, students with an accommodation letter from Disability Resources are responsible for promptly contacting the Director of Clinical Internships to discuss their accommodations as early in the placement process as possible.

UNIVERSITY OF SOUTHERN INDIANA®

Pott College of Science, Engineering, and Education

Clinical Internship Application

This portion of the application will be sent to prospective schools to determine placement of clinical interns.

Candidate Information		
Name:	Semester/Year of Internship:	
Major(s):	Minor(s):	
Schools Teacher Candidate Attended (Do not include USI)		
	School Name, City, State	Years Attended
Elementary or K-8		
Middle School/Jr. High		
High School		
Prior College/University		
Grade Level(s) and Area(s) of Licensure: Check all that apply and list subject area (if applicable)		
☐ PreK – 3 Early Childhood		
☐ K – 6 Elementary Education		
☐ 5 - 12	Subject Area(s):	
☐ PreK - 12	Subject Area(s):	

Signature Portion to be completed by Teacher Education Representative

By signing below, a designated representative from the University of Southern Indiana verifies that the student applicant has met all requirements for the clinical internship as listed below:

1. Minimum cumulative GPA of 2.75
2. Minimum GPA of 2.75 in the student's major(s) and minor(s)
3. All coursework is on track to be completed prior to the student's clinical internship semester
4. The student's advisor has reviewed and recommended the student's application
5. There are no grades below a C on the student's USI transcript

Potential clinical interns are aware that placement is at the discretion of the school reviewing the internship application, and students are subject to providing additional information, if requested. All requests for additional information should be directed to the Director of Clinical Internships, Ms. Lisa Bartley, lmbartley@usi.edu.

Signature: _____ Date: _____