

School of Education

Internship Application

IDENTIFYING INFORMATION:

NAME: _____ SOCIAL SECURITY#: _____

PERMANENT ADDRESS: _____ PH () _____

CURRENT ADDRESS: _____ PH () _____

EMPLOYED AT: _____ PH () _____

ACADEMIC INFORMATION:

UNDERGRADUATE: _____

DEGREE GRADUATE: _____

CERTIFICATION STATUS: ___ NOT CERTIFIED ___ PREVIOUSLY CERTIFIED ___ CERTIFIED

PURPOSE OF INTERNSHIP:

_____ NON-CERTIFICATION _____ MASTERS OR _____ SIXTH-LEVEL PROGRAM OF STUDY

_____ CERTIFICATION TRACK: _____ MASTERS OR _____ SIXTH-LEVEL _____ 1-6 _____ 4-8 _____ 7-12

EXPERIENCE WORKING WITH CHILDREN (IDENTIFY ORGANIZATION, DATES AND LOCATIONS)

RELEVANT WORK EXPERIENCE (IDENTIFY ORGANIZATION, DATES AND LOCATIONS)

SKILLS/ABILITIES:

_____ FOREIGN LANGUAGES(S) _____

_____ COMPUTER PROGRAM(S) _____

_____ HOBBIES/INTERESTS _____

SIGNATURE: _____

DATE: _____

***PLEASE ATTACH AN UPDATED RESUME OR BRING TO YOUR INTERN INTERVIEW.**

Please return this form to: **University of Bridgeport**
Office of Admissions
126 Park Avenue
Bridgeport, CT 06604 -2449