## **Paid Internship Request**

This form allows Master of Arts in Teaching students to request a paid final internship. Paid final internships are not guaranteed without approval. Students are responsible for completing sections A and B of this form. Students should submit the completed form to the program/field coordinator prior to the first week of classes for the semester in which the student will enroll in final internship. Students will receive a decision to their USF email.

## Prior to submitting a request, students should submit an Intent to Intern Application at the link below: <a href="https://www.usf.edu/education/field-and-clinical-education/apply.aspx">https://www.usf.edu/education/field-and-clinical-education/apply.aspx</a>

| Section A: To be completed by the st   | udent                  |                     |                             |                     |
|--|------------------------|---------------------|-----------------------------|---------------------|
| Student's Name                         | USF ID                 |                     | Email                       | @usf.edu            |
| Phone number with area code            |                        |                     |                             |                     |
| Semester/Year you will be enrolling in | final internship       | /                   | Program of Study            |                     |
| Section B. Student should have this s  | section completed and  | d signed by the hir | ing Principal and Ass       | signed Mentor       |
| Hiring School                          |                        |                     | County                      |                     |
| School Address                         |                        | City                | State                       | Zip                 |
| Phone                                  |                        |                     |                             |                     |
| Grade levelClass                       |                        |                     |                             |                     |
| Teaching load that intern will assume  | (Ex: History, English) |                     | (Ex: teacher of record, los | ng-term substitute) |
| Directing/Mentoring Teacher's Name_    |                        | Email               |                             |                     |

## Teacher must initial appropriate box below indicating he/she meets required qualifications to act as a mentor

Has taught successfully for at least three years, taken state approved certified training and is certified in the candidate's area of specialization

<u>OR</u>

Has completed a Mentor Teacher Program approved by the district

Principal's name\_\_\_\_\_/\_\_\_

Date \_\_\_\_\_