



**OFFICE OF FIELD EXPERIENCES
GRADUATE INTERNSHIP APPLICATION**

Please fill in the attached application.

- This application is sent directly to the school/agency site for your assignment. The application needs to be professional in appearance. All information should be typed with the exception of signatures.
- Students in Speech-Language Pathology may choose three school districts. Those in hospital/rehabilitation center internship may rank preferred sites.
- All applications must be submitted to the Office of Field Experiences, Roskens Hall 204 by February 1, for summer or fall applications and September 15, for spring applications.
- All teacher candidates and internship students requesting assignments outside of a district in which they are under contract for employment must complete a criminal background check and the Nebraska Adult and Child Abuse Registry form as part of their clinical practice/internship application. Applications will not be accepted without the required background check documentation. Please visit www.onesourcebackground.com to complete your background check.
- For school assignments, students are required to complete the following during the internship
 - Review field experience handbook
 - Universal precautions training
 - Midterm self-evaluation
 - Final self-evaluation
- Students completing an internship will be assigned cooperating teachers/supervisors of record. For school assignments, the cooperating teachers/supervisors of record will be asked to complete a midterm and final evaluation of their internship students.
- Students enrolled in an internship are expected to check their UNO e-mail accounts for pertinent information related to the internship experience.
- If you have questions regarding this application or your internship, please contact your department or the Office of Field Experience (402-554-3482).

7/8/15



GRADUATE INTERNSHIP APPLICATION

General Data:

Name (last, first, middle initial): _____

NU ID number: _____

Home Telephone _____

Work Telephone _____

UNO Email Address: _____@unomaha.edu

Present Street Address _____

City: _____ State: _____ Zip: _____

Placement Request Data: Semester Requested:

☐ Spring ☐ Summer ☐ Fall Year _____

I am registering for: Department _____ Course # _____

Check the Area of Internship for Which You Are Applying

- | | |
|---|---|
| <input type="checkbox"/> Behavior Disorders | <input type="checkbox"/> Early Childhood Education |
| <input type="checkbox"/> Special Education (Mild/Moderate Disabilities) | <input type="checkbox"/> School Librarian |
| <input type="checkbox"/> Speech-Language Pathology | <input type="checkbox"/> English as a Second Language |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Bilingual Education |
| <input type="checkbox"/> Other _____ | |

Check the (one) site to which you are applying:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> School | <input type="checkbox"/> Library Site |
| <input type="checkbox"/> Medical Site | <input type="checkbox"/> UNO Clinic |

Complete the setting and/or level you are requesting placement:

Site (Medical or Library) _____

OR

*District _____ School _____ ☐ Elem (or) ☐ Sec

*District _____ School _____ ☐ Elem (or) ☐ Sec

*District _____ School _____ ☐ Elem (or) ☐ Sec

*Boys Town placements require special training & scheduling arrangements. Please contact your advisor for information.

Approval Signatures (Obtain in the order indicated)

Student _____ Date _____

Advisor _____ Date _____

Department Chair _____ Date _____

Director of Field Experiences _____ Date _____