



**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.onesource.com](http://www.onesource.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**

- Behavior Disorders
- Early Childhood Education
- Special Education (Mild/Moderate Disabilities)
- School Librarian
- Speech-Language Pathology
- English as a Second Language
- Counseling
- Bilingual Education
- Other \_\_\_\_\_

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

- School                                       Library Site
- Medical Site                                       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 \_\_\_\_\_