OFFICE OF FIELD EXPERIENCES
GRADUATE IN-SERVICE 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 specify a school district only. Those in medical center internship may rank preferred sites.
- All necessary signatures must be obtained before the application is submitted to the appropriate graduate department.
- 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.
- Students completing internships through “inservice” assignments are required to complete the following during the internship semester:
    - Midterm self-evaluation
    - Final self-evaluation
- Students completing an internship through “inservice” assignments 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 address 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 Experiences (402-554-3482).

7/8/15

COLLEGE OF EDUCATION, HEALTH, AND HUMAN SCIENCES

GRADUATE IN-SERVICE 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_____

In-service Placement
*District:_____ School:_____

Medical_____

Grade Level of Students: ☐ K-6 ☐ 7-8 ☐ 9-12 ☐ Adult

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

In-service placements in special education may only be used if they meet the following requirements:

1) All appropriate approval signatures are obtained.
2) A qualified cooperating teacher/supervisor must be identified.
3) The placement has a minimum of five students who are officially verified for services (Nebraska Rule 51) and have IEPs consistent with the endorsement being sought.

Approval Signatures (Obtain in the order indicated)

School District Representative (Please Type) _____

Signature _____ Date _____

Cooperating Teacher/Clinician (Please Type) _____

Signature _____ Date _____

Current Endorsement Area(s) of Cooperating Teacher/Clinician

_____

Email Address of Cooperating Teacher

Approval Signatures (Obtain in the order indicated)

Student _____ Date _____

Advisor _____ Date _____

Department Chair _____ Date _____

Director of Field Experiences _____ Date _____