



University of Montevallo  
College of Education  
Office of Field and Clinical Experiences

Internship Application

Please submit the application to TES/Wills 207 or by email:  
[tes@montevallo.edu](mailto:tes@montevallo.edu)

**Due Dates:**

Spring Internship applicants: September 1st  
Fall Internship applicants: February 1st

Semester of Internship (circle): Fall 20\_\_\_\_ Spring 20\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_

UG Last First Middle Maiden  
G G UM ID#: \_\_\_\_\_ Advisor: \_\_\_\_\_

Forum Email Address: \_\_\_\_\_@forum.montevallo.edu

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address during Internship: ***\*DO NOT LIST DORM ROOM NUMBER\****

(UM P.O. Box # or Street Address)

(City)

(State)

(Zip Code)

**Please circle your respective teaching field and concentration below:**

Elementary / ECE	Secondary (6-12)	(P-12)
Elementary (K-6) <input type="radio"/>	Biology <input type="radio"/>	Art <input type="radio"/>
Elementary/Collab <input type="radio"/>	Business Marketing <input type="radio"/>	Educ of the Deaf and Hard of Hearing <input type="radio"/>
Early Childhood (P-3) <input type="radio"/>	Chemistry <input type="radio"/>	Music - Choral <input type="radio"/>
	English/Language Arts <input type="radio"/>	Music - Instrumental <input type="radio"/>
	Family & Consumer Sciences <input type="radio"/>	
	General Science <input type="radio"/>	
	History <input type="radio"/>	
	Mathematics <input type="radio"/>	
	Social Science <input type="radio"/>	
	Spanish <input type="radio"/>	

Do you have any relatives who work in or attend an area school? If yes, where? \_\_\_\_\_

**Graduate Students Only:** Do you anticipate being employed as a full-time teacher during the internship? Yes/No

If yes: School: \_\_\_\_\_ System: \_\_\_\_\_

Other special considerations: \_\_\_\_\_

*Please see Internship Handbook for internship placement information. Placements cannot be changed after they are finalized. You have until March 1<sup>st</sup> (Spring term)/October 1<sup>st</sup> (Fall term) to request additional considerations. Please notify the TES Office at the email address listed above. Please note that requests and considerations may not always be fulfilled.*

*I understand that immoral conduct, unbecoming or indecent behavior, or conviction of a felony may preclude the possibility of gaining Alabama certification even though, in the absence of such knowledge, the University of Montevallo may have recommended certification.*

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_