

**THE UNIVERSITY OF ALABAMA**  
**APPLICATION FOR TEACHING INTERNSHIP**  
**For Spring 2023 Semester**

**Please email your completed application to [educinicaloffice@ua.edu](mailto:educinicaloffice@ua.edu) no later than Tuesday, October 4<sup>th</sup>.**

**Attendance at the application meeting is MANDATORY.**

**The mandatory application meeting will be held on Wednesday, October 5<sup>th</sup> in 118 Autherine Lucy Hall at 4:00 pm.**

**PLEASE TYPE OR PRINT**

\_\_\_\_\_ ( \_\_\_\_\_ )  
 Last First Middle Name Usually Called

**Preferred Pronoun:** \_\_\_\_\_ **How do you wish to be addressed by K-12 learners?:** \_\_\_\_\_

**Crimson E-mail Address:** \_\_\_\_\_  
 (Please print in all caps, unless your email address is case sensitive.)

**Personal E-mail Address:** \_\_\_\_\_  
 (Please print in all caps, unless your email address is case sensitive.)

**Campus Wide ID (CWID):** \_\_\_\_\_

**Area(s) of Certification / Major (for example:** Multiples Abilities Program, Early Childhood and Elementary Education, Secondary Education - Science, Secondary Education – English/ Language Arts, Secondary Education – Math, Secondary Education – Social Science, Music Education – Instrumental, Music Education – Choral, Collaborative Special Education (K-6), Collaborative Special Education (K-12), Early Childhood Special Education, Spanish (K-12), Spanish (6-12), Physical Education, etc. – **(Please do not abbreviate)**):

**Circle Current Status:** Undergraduate      Alternative Certification      Irregular Post Graduate

**Be advised:** All internship requirements must be met by July 1<sup>st</sup> to be eligible for a fall internship. If you have questions about your eligibility status, you will need to speak with your assigned advisor.

**Local Street Address:** \_\_\_\_\_

\_\_\_\_\_

City	State	Zip	Local Phone (include area code if not a Tuscaloosa phone #)
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**Permanent Street Address:** \_\_\_\_\_

\_\_\_\_\_

City	State	Zip	Permanent Phone (include area code if not a Tuscaloosa phone #)
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**Name & location of High School from which you graduated & specify what year you graduated:**

**Name any Tuscaloosa City or County School in which you have children and/or close relatives who are currently attending/employed (Specify relationship):**

\_\_\_\_\_

**Names of any area schools (elementary, middle, or high school) and grade levels / subject areas that you have had work or have volunteer experience in** [for ex: Arcadia (after school), Matthews (tutoring/3<sup>rd</sup> grade, Rock Quarry Middle (6<sup>th</sup> grade science),etc.):

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**Explain any Medical Problems:** \_\_\_\_\_

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**When completing your application, please indicate circumstances you feel are relevant to your placement and explain any special request(s). ODS documents must be sent directly to Dr. Tammy C. Brown in the Office of Clinical Experiences.**

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Signature

Date