

**SCHOOL OF EDUCATION  
VIRGINIA COMMONWEALTH UNIVERSITY**

**PROCEDURES FOR COMPLETING APPLICATION  
FOR GRADUATE TEACHING INTERNSHIP**

**EARLY AND  
SECONDARY EDUCATION  
INTERNSHIP**

**DUE DATE**  
September 15th for the Spring

February 15th for the Fall

**I. BEFORE completing this application for your internship, you must meet the following requirements:**

- A. Applied for and been admitted to the Teacher Preparation Program.
- B. **Have taken and successfully passed the PRAXIS I Test or SAT.**
- C. **Passing Praxis II scores must be submitted with your application for internship.**
- D. Successfully completed or currently enrolled in the last Clinical Practicum required by your program.
- E. Completed or currently enrolled in those courses that meet approved program requirements.
- F. Fully admitted to graduate studies.
- G. Overall 3.0 GPA on 500-600 graduate coursework.
- H. Have a tuberculosis screening test and obtain the results

**II. A COMPLETE Graduate Teaching Internship Application consists of the following:**

**A. APPLICATION FORM**

**1. Personal Data**

**2. Endorsement Area**

**3. Current and Previous Practicum Placements**

**4. Placement Request:**

On the application form, in the appropriate boxes, insert the number "1" for your first choice and number "2" for your second choice for the school division in which you desire placement. Your application will be mailed to the school division you have chosen. **Final placement is made by the school division.** Once your application is submitted to the school division, *CU cannot guarantee that you will be placed at one of the locations you have chosen.*

**5. Special accommodations/requests:** (See B. ATTACHMENTS, 4.)

**6. Graduate Admission Status.**

**7. Copy of PRAXIS I Test Scores or appropriate SAT test scores and PRAXIS II scores.**

(SAT taken **prior to April 1, 1995**, a score of **1000** with at least **450 on the verbal** and **510 on the mathematics** test; SAT taken **after April 1, 1995**, a score of **1100** with at least **530 on the verbal** and **530 on the mathematics** test can be used as a substitute for PRAXIS I.)

**8. Student's signature:** (Sign and date the application)

**9. Advisor's signature:**

After you have completed the application, your advisor must review and SIGN it. Please allow time for this process.

**10. Tuberculosis Screening:**

Any intern/student teacher who is **NOT** employed with a public school division has to provide results from a TB screening. VCU Student Health Services provides TB screenings to students. Please call (804) 828-8828 for more information. Those individuals that are currently employed with a public school division must submit documentation showing proof of employment. The results of your screening **must be included** in your application.

## **B. Attachments**

### **1. Autobiographical sketch:**

Attach **three (3) typed copies** of an essay in which you state your major field of interest and the reasons you have selected the teaching profession as a vocation. At the top of the page, list the title "Autobiographical Sketch" and your full name

2. **VCU transcripts:** Print out **one** copy of your unofficial transcripts from the computer and attach it to the application **before** you submit to your faculty advisor. ***Faculty will not review your application for graduate teaching internship without a transcript!!! DO NOT REQUEST ANY COPIES OF YOUR TRANSCRIPT FROM RECORDS AND REGISTRATION FOR THIS APPLICATION.***

### **3. Other transcripts:**

If you have **received a degree** from another institution, **three (3) photocopies** of that transcript are required at the time of application.

4. Attach a copy of your TB screening test results. It must be a copy of the document you received from the clinic or your doctor office.

### **5. Special accommodations/requests: (Included on the application.)**

- If you have a physical limitation which requires special accommodations, you must attach an explanation on a separate page in which you describe the limitations and necessary accommodations you require.
- If you expect to be absent due to pregnancy, surgery, or other serious circumstances, you must attach a separate page on which you describe the reason for the anticipated absence and inclusive dates you expect to be out.
- Special requests will only be granted under serious extenuating circumstances and must be approved by your Advisor, Department Chairperson and the Associate Dean of the School of Education. It is your responsibility to obtain written approval from these three individuals. If it is approved, attach this documentation to your application.
- Any time missed must be made up in its entirety.
- You should also consider whether this is a reasonable time for you to engage in this internship

## **III. OTHER INFORMATION:**

### **A. DUE DATE:**

Applications are due **February 15th for FALL** placement and **September 15th for SPRING** placement. If the due date falls on the weekend, the application is due the following Monday. Complete applications should be returned to the: *Student Services Center, Oliver Hall, Room 3106, P.O. Box 842020, Richmond VA 23284-2020*. Late submissions will be processed only for extenuating circumstances approved by the Department Chairperson and the Associate Dean of the School of Education. Only complete applications will be accepted.

### **B. NOTIFICATION:**

Notification of placement will be sent to you by email ONLY as soon as it is received in the Student Services Center. **PLACEMENTS WILL NOT BE GIVEN OVER THE TELEPHONE OR IN PERSON!!!** It is very important that you notify this office if you change your plans concerning your internship or if you change your address. The telephone number is 827-2670. Most placements for the Fall semester are known by the end of July and for the Spring semester by the middle of December.

***Once your placement has been finalized by the school division and you have been notified, it cannot be changed. School districts offer only one assignment per application. The only alternative is to send the application to a different school district which would require additional time to process the application, and there is no guarantee that a placement will be secured.***



Take the application to your advisor.

**Licensure Eligibility Confirmation**

Have you ever been convicted of a felony in the U.S. (or territories) or found guilty of a criminal offense in another country? \_\_\_YES \_\_\_NO

Have you ever been found guilty of a misdemeanor involving children or drugs? \_\_\_YES \_\_\_NO

Have you ever had a teaching certification or license denied, revoked, canceled or suspended? \_\_\_YES \_\_\_NO

If you checked yes to any of these questions, please make an appointment immediately with Dr. Simon, Associate Dean, School of Education, Oliver Hall, Room 2090.

**Graduate Admission** (for M.T. or M.Ed. students only)

Have you been fully admitted to graduate school? NO YES

If not, what is your current status? (Please check appropriate box)

\_\_\_ Have not applied

\_\_\_ Have applied (date: \_\_\_\_\_), but have not been notified

\_\_\_ Have been provisionally admitted

**SAT or PRAXIS I Tests** (Reading, Writing, and Mathematics) and **PRAXIS II Test**

You must have **taken and passed** the PRAXIS I Tests or SAT and PRAXIS II. Please attach a copy of your scores with this application.

**Tuberculosis Screening**

\_\_\_ Up to date TB screening provided

\_\_\_ Documentation showing current employment with the school division

*Student's Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

**TAKE THE APPLICATION TO YOUR ADVISOR.**

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**ADVISOR'S CERTIFICATION:**

- I have reviewed the record of this applicant, including any extenuating circumstances or requests, to ensure that all of the prerequisites for student teaching have been satisfied in accordance with catalogue requirements. Attached are 1) unofficial transcripts listing current courses; and 2) three copies of the student's typed autobiographical sketch.
- This applicant is recommended for the program in \_\_\_\_\_.
- If the applicant is provisionally recommended for the program, please specify the provision(s):  
\_\_\_\_\_.

*Advisor's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

