

# Intent to Enroll

## Professional Internship Experiences



Teacher Candidate Name			PID								
OU Email Address		Campus Phone		Campus Address							
Are you planning to participate in the COST program?  Y      N	Are you planning to participate in the TEACH Cleveland program?  Y      N	Are you currently participating in the CARE program?  Y      N	Campus Preference for Professional Internship Experience (circle one) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Athens</td> <td style="width: 50%;">Lancaster</td> </tr> <tr> <td>Chillicothe</td> <td>Southern</td> </tr> <tr> <td>Eastern</td> <td>Zanesville</td> </tr> </table>			Athens	Lancaster	Chillicothe	Southern	Eastern	Zanesville
Athens	Lancaster										
Chillicothe	Southern										
Eastern	Zanesville										
Major(s)		List all K-12 schools you, as a <u>STUDENT</u> , attended.									

*Conflict of Placement: Professional interns will not be assigned to a school district where they have attended as students, or where a relative, close personal friend, or friend of the family works. Likewise, professional interns will not be assigned to schools in which they have already completed clinical experiences.*

\_\_\_\_\_ (Teacher Candidate initials) I have met with my Academic Advisor and understand my academic program completion plan. According to my current trajectory, I will be ready for my **professional internship experience (EDPL 4650)** in

Fall Semester     
  Spring Semester     
 20\_\_\_\_ - 20\_\_\_\_ Academic Year

\_\_\_\_\_ (Teacher Candidate initials) I understand that this document serves as my official intent to participate in the Professional Internship Experience. **If my completion plan status changes at any time, or if I have a change in my name or email information, it is my responsibility to contact the OHIO Center of Clinical Practice in Education with the updated information (patton-internships@ohio.edu).** Failure to do so may result in a delay of my professional internship experience.

**For Early Childhood majors only:**

I plan to complete my **pre-primary internship (EDPL 4910)** in

Fall Semester     
  Spring Semester     
  Summer Semester     
 20\_\_\_\_ - 20\_\_\_\_ Academic Year

**For Middle Childhood majors only:**

Name the content-methods courses you are/will take in sequential order: Fall 20\_\_\_\_ \_\_\_\_\_  
 Fall 20\_\_\_\_ \_\_\_\_\_

Academic Advisor Name	Academic Advisor Signature (Approval)	Date of Meeting
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