INTERNSHIP APPLICATION
Department of Special Education / SFSU

DUE: **Spring semester …. September 28th**
Fall semester …... February 28th
Summer semester ….. February 28th

Date of application: _____

Name _____ SFSU ID _____

Work Phone _____ Home _____ E-Mail _____

Current Address _____

Currently enrolled: Level II Credential program ___ yes ___ no
Master's Degree program ___ yes ___ no
Certificate ___ yes ___ no

Internships are available to matriculated students who have completed pre-requisite and required program coursework. **Step 1**: Download your SFSU transcript; **Step 2**: Meet with your program advisor prior to submitting this application. **Step 3**: Advisor approval required for acceptance of application. Incomplete and late applications will be accepted as "wait listed".

Semester/Year: **Fall _____** **Spring _____** **Summer _____**

Program	Documents required with application
❑ **Early Childhood Special Education** Fall or Spring Semesters SPED 831 Internship in Special Education ___ Professional Levell II Educational Specialist	__ A copy of your Preliminary Level I Cedential issued by the CCTC. ***or*** __ TB Test (or copy of current credential) __ Certificate of Clearance (or copy of current credential)
❑ **Vocational Special Education** SPED 805 Internship in Vocational Special Ed. **Check one**: ___ for M.A. degree ___ for Certificate in VSE	__ TB Test __ Certificate of Clearance ***or*** __ Letter of approval from employer to complete the internship in your current position.

DOWNLOAD YOUR UNOFFICIAL SFSU TRANSCRIPT FROM MySFSU.
MEET WITH YOUR ADVISOR TO REVIEW ELIGIBILITY.

Advisor Name _____ Advisor Signature _____ Date _____

Copy all materials for your own record. Submit completed application **with** required documents to:
Department of Special Education Office - BH 156.

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