



STUDENT TEACHER/INTERN REQUEST

For use by Zone 6 school teachers interested in U of L Professional Semester III Interns.

Teachers submitting this Professional Semester III Intern Request page *“in addition”* to page 1 of the STUDENT TEACHER/INTERN REQUEST FORM, need not complete SECTION I: below.

SECTION I: GENERAL TEACHER INFORMATION

Salutation:	Surname:	Given:
Former Surname:	Email Address:	
School Name:	School City:	
School Board:	Permanent Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Years of teaching experience:

Please indicate below the Grade level(s) and Subject(s) you will be teaching in the coming year.

FALL Grade(s)/ Subjects (Sep. – Dec.)	SPRING/SUMMER Grade(s)/ Subjects (Jan.–June)
_____	_____
_____	_____
_____	_____

What is/will your 2017-2018 teaching assignment be? Full-Time Half-Time a.m. Half-Time pm

Have you had a U of L Student Teacher/Intern before? Yes No Most recent semester/year: _____

SECTION III: PROFESSIONAL SEMESTER III INTERN REQUEST INFORMATION

Please note that by indicating an interest in a PS III intern, you will need to include a Professional Development Proposal Summary when you submit your request to your Superintendent for approval. (Check with your administrator or district office for their expectations regarding this requirement.)

_____ **PS III** - Please feel free to identify any specific types of interns you may be interested in below.

- ED 4571 – Elementary (Spring)
- ED 4572 – Secondary (Fall)
- ED 4573 – Early Childhood Education (Fall in grade K-3 classrooms)
- ED 4573 – Native Education (Fall, all levels)
- ED 4573 – Special/Inclusive Education (Spring all levels)
- ED 4573 – Technology in Education (Elementary in Spring, Secondary in Fall)
- ED 4574 – Fine Arts - Art or Dramatic Arts (Fall)
- ED 4575 – Fine Arts - Music (Fall)

Signatures below do not guarantee that a student will be placed with a teacher are an indication of tentative interest/support. Administrators will be contacted to discuss specific placements in a school prior each respective internship semester

Signature of **Teacher Associate**

Date

Signature of **Administrator** (or Designate)

Date

Signature of Zone 6 **Superintendent** (or Designate)

Date

Please submit this completed, signed form to your respective district office for superintendent’s approval. Once approved, it can be submitted to Field experiences via: email edu.fieldexp@uleth.ca; or faxed to our attention at (403) 329-2372.