**CI 5900 Graduate Internship Placement Request**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this form and email to Dr. Thornton ([thorntonhj@appstate.edu](mailto:thorntonhj@appstate.edu)) by ***midterm the semester before*** you plan to take CI 5900. For all placements, please complete by the midterm of the spring semester before vs summer semester.

**Part A.** *If you are currently employed or will be employed as a teacher in your designated area of certification for CI 5900, complete the questions below. If not, skip to part B.*

1. School/District name and HR phone number

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1. Principal name/Mentor name(may be your principal), email, and phone number

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1. Planned start date for CI 5900 (may begin when school year starts)

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The program coordinator will contact the school to arrange this placement. You will complete the internship inventory form and send to Regina Parnell [parnellrd@appstate.edu](mailto:parnellrd@appstate.edu) to enroll in CI 5900. If you have be teaching for one and a half years prior to the CI 5900 semester, you may contact Dr. Thornton to see if you qualify for the CI 5900 portfolio option.

\* I will have been a classroom teacher for 1.5 years prior to the start of this internship and would like to apply to complete the portfolio option. \_\_\_\_\_ Yes \_\_\_\_\_No

**Part B.** *If you are currently not employed or will not be employed as a teacher in your designated area of certification for CI 5900, complete the questions below.* If you obtain an appropriate teaching position prior to the start of the CI 5900 semester, contact Dr. Thornton to use that as your CI 5900 placement. If you receive an employment offer before midterm of the CI 5900 semester you may request permission to possibly add CI 5900 and use that as your placement.

1st Choice

1. Requested School/District name and HR phone number

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1. Content area of licensure

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1. Preferred Grade Level/Teacher (if requested)

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1. Principal name, email and phone number

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2nd Choice

1. Requested School/District names and phone numbers

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1. Content area of licensure

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1. Preferred Grade Level/Teacher (if requested)

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1. Principal name, email and phone number

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**For both A and B above**:

* The program coordinator will contact the school to arrange this placement. You will complete the internship inventory form and send to Regina Parnell [parnellrd@appstate.edu](mailto:parnellrd@appstate.edu) to enroll in CI 5900.
* The field placement office will contact and make arrangements for your placement at the district level.
* You will complete a background check with the field placement office <https://rcoe.appstate.edu/requesting-criminal-background-check>. This must occur before you can be officially placed for CI 5900 or will be waived if you are employed and have met the district background requirements. Any additional requirements of the requested school/district must be met.

I am using my place of employment for CI 5900 and have net the district criminal background requirements for employment.

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(signature and date)