

DIRECTIONS FOR COMPLETING TEACHING INTERNSHIP APPLICATION

Step 1 Complete Part I- Applicant Information. All information must be legible.

Step 2 Complete Part II- Course Work Verification. Be sure that you complete the course work verification sheets and review with your advisor.

Step 3 Complete Part III- Special Information

Step 4 Part IV must be signed and completed by your advisor.

Step 5 Submit the fully completed application to the Department of Education, Administrative Assistant in person or before the deadline.

Step 6 Apply for an Internship Interview on LiveText. Logon to LiveText and choose the Documents tab. Click on *+New*. Choose the folder "Interviews," choose the template "Internship Interview."

Title the document: *[Your Name]: Internship Interview Request.*

Save as New Document.

To complete the application process and be considered for an interview slot, please fill in the necessary information under Candidate Information including name, GPA, and field experience placements. Once you have completed the necessary information and saved your changes, click on "Send for Review." A box will appear asking who to send for review, type in "USCBECE," click on Educational Administrator <uscbece>. You can now click on the green arrow, "Submit for Review."

You will be notified as to the date, time and place of the interview.

Deadlines for submission are:

Those wishing to intern for the Fall Semester – January 15

Those wishing to intern for the Spring Semester – April 15

*Note: This is the USCB Department of Education Clinical Internship Application. You will also need to apply to the state of South Carolina for placement in a public school. There will be costs and deadlines associated with this process. For more information, please contact Ms. Maryanne Rizzi (Field Placement Coordinator) at 208-8283.



Department of Education

CONSTRUCTIVIST EDUCATOR
UNIVERSITY OF SOUTH CAROLINA BEAUFORT

CLINICAL INTERNSHIP APPLICATION

REQUESTED SEMESTER FOR INTERNSHIP: FALL YEAR _____ SPRING YEAR _____

PART I: APPLICANT INFORMATION: *(Please print legibly in ink or type)*

Name: _____ SSN: _____

*List any former name/s used while at USCB _____

Current Mailing Address: _____

City/State: _____ Zip: _____ Phone: _____

Summer Address (if different) _____

Summer Phone: _____

E-mail Address: _____

D.O.B.: _____ Sex: Male _____ Female _____

Race: White/Non Hispanic African-American
 Asian/Pacific Islander Hispanic American Indian/Alaskan Native

ASSIGNMENT PREFERENCES (*Not Guaranteed):

- Beaufort District South
- Beaufort District North

Additional Requesting Information: _____

GRADE LEVEL PREFERENCES (*Not Guaranteed):

Early Childhood Education

- Pre-K 2nd Grade
- K 3rd Grade
- 1st Grade

Elementary Education

- 2nd Grade 4th Grade
- 3rd Grade 5th Grade

**Note: Does not guarantee placement in specific location or area.*

PART II
Course Work Verification Sheet
(completed with Advisor)

Name: _____ SSN: _____

1. Semester admitted to the Professional Program:
Fall Year _____ Spring Year _____
2. Semester this application is being completed:
Fall Year _____ Spring Year _____
3. PRAXIS II:
Date Taken _____ Score _____
4. PRAXIS: Principals of Learning & Teaching (PLT):
Date Taken _____ Score _____

The following information is to reflect all academic work completed prior to the beginning of this semester.

Total semester hours completed _____

Cumulative Grade Point Average (All courses) _____

Major Grade Point Average (all education courses) _____

Number of hours currently enrolled _____

Current Courses _____

Grades verified on _____ / _____ / _____ by _____
Month Day Year

I confirm that the applicant's academic credentials have been reviewed and they
 do or **do not** meet the established qualification standards.

Advisor's Signature _____ Date _____

COURSE WORK VERIFICATION (ECED Program)

Fill in the following information in **pencil** and calculate your education GPR. If you have not taken one of the listed courses, indicate the semester in which you plan to take it, notate an IP if currently enrolled, or list the approved course substitution. Grade points are calculated by multiplying the hours by the grade equivalent score: (A=4; B=3; C=2; D=1; F=0; for + grades, add .5 to the grade equivalent). *For example, a B+ in a 3 hour course would equal to: 3.5 x 3 = 10.5 grade points.*

<u>COURSE</u>	<u>SEMESTER</u>	<u>GRADE</u>	<u>HOURS</u>	<u>GRADE POINTS</u>
EDCI B210	_____	_____	_____	_____
EDCI B243	_____	_____	_____	_____
EDCI B441	_____	_____	_____	_____
EDEC B340	_____	_____	_____	_____
EDEC B342	_____	_____	_____	_____
EDEC B345	_____	_____	_____	_____
EDEC B435	_____	_____	_____	_____
EDEC B436	_____	_____	_____	_____
EDEC B440P	_____	_____	_____	_____
EDEC B469	_____	_____	_____	_____
EDEC B476	_____	_____	_____	_____
EDFO B321	_____	_____	_____	_____
EDPY B335	_____	_____	_____	_____
EDRD B318	_____	_____	_____	_____
EDRD B425	_____	_____	_____	_____
EDRD B428	_____	_____	_____	_____
EDRD B430	_____	_____	_____	_____
EDRD B450P	_____	_____	_____	_____
EDEX B300	_____	_____	_____	_____
EDPH B231	_____	_____	_____	_____
PSYC B321	_____	_____	_____	_____

OTHER EDUCATIONAL COURSES

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTALS

Education Major GPR calculation

of Education Course Hours (A) _____

of Grade Points (B) _____

(B) ÷ (A) = Education GPR _____

COURSE WORK VERIFICATION (ELEM Program)

Fill in the following information in **pencil** and calculate your education GPR. If you have not taken one of the listed courses, indicate the semester in which you plan to take it, notate an IP if currently enrolled, or list the approved course substitution. Grade points are calculated by multiplying the hours by the grade equivalent score: (A=4; B=3; C=2; D=1; F=0; for + grades, add .5 to the grade equivalent). *For example, a B+ in a 3 hour course would equal to: 3.5 x 3 = 10.5 grade points.*

<u>COURSE</u>	<u>SEMESTER</u>	<u>GRADE</u>	<u>HOURS</u>	<u>GRADE POINTS</u>
EDCI B210	_____	_____	_____	_____
EDCI B243	_____	_____	_____	_____
EDCI B441	_____	_____	_____	_____
EDEL B320	_____	_____	_____	_____
EDEL B330	_____	_____	_____	_____
EDEL B431	_____	_____	_____	_____
EDEL B432	_____	_____	_____	_____
EDEL B434	_____	_____	_____	_____
EDEL B440P	_____	_____	_____	_____
EDEL B443	_____	_____	_____	_____
EDEL B470	_____	_____	_____	_____
EDEC B476	_____	_____	_____	_____
EDFO B321	_____	_____	_____	_____
EDPY B335	_____	_____	_____	_____
EDRD B318	_____	_____	_____	_____
EDRD B425	_____	_____	_____	_____
EDRD B428	_____	_____	_____	_____
EDRD B430	_____	_____	_____	_____
EDRD B450P	_____	_____	_____	_____
EDEX B300	_____	_____	_____	_____
EDPH B231	_____	_____	_____	_____
PSYC B321	_____	_____	_____	_____

OTHER EDUCATIONAL COURSES

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTALS

Education Major GPR calculation

of Education Course Hours (A) _____

of Grade Points (B) _____

(B) ÷ (A) = Education GPR _____

PART III
SPECIAL INFORMATION

STATEMENT 1:

USC Beaufort provides affirmative action and adheres to the principle of equal educational and employment opportunity without regard to race, color, religion, sex, creed, national origin, age, disability or veteran status. This policy extends to all programs and activities supported by the university. Any person who feels they qualify for special accommodations due to a physical, learning, or psychological disability should contact the Office of Disability Services at (843) 208-8263 for a free confidential interview.

(Initial)

STATEMENT 2:

Have you ever been arrested, convicted, found guilty, entered a plea of no contest, or had adjudication withheld in a criminal offense (including DUI) other than minor traffic violation; or are there any criminal charges now pending against you? Failure to answer this question accurately could cause denial of certification. A *Yes* or *No* answer is required.

- Yes
- No

- I AM AWARE THAT I WILL NEED TO SUBMIT TO A FULL SLED/FBI BACKGROUND CHECK WITH FINGERPRINT SCAN.

(Initial)

MY SIGNATURE BELOW, SERVES AS VERIFICATION THAT I HAVE READ THE ABOVE TWO STATEMENTS.

Signature of Applicant

Date

Part IV

Assurances

- I recommend the applicant for placement in a Clinical Internship.

- I do not recommend the applicant for placement in a Clinical Internship for the following reasons:

Basis for Decision:

Advisor's Signature: _____ Date: _____

Department of Education Chair Signature: _____

Date: _____

PART V

INTERNSHIP COMMITTEE RECOMMENDATIONS

Applicants Name: _____

Evaluation of applicant's qualifications for teaching internship:

Please indicate any weaknesses which may impair performance as a teaching intern:

Interview Process:
