NAZARETH COLLEGE

GRADUATE STUDENT INTERNSHIP CERTIFICATE APPLICATION

Due Date: First day of semester classes

Student's Name: _____

Student's Address: _____

Student's E-mail: _____

School _____

School Address:_____

Principal/Administrator: _____

Phone: _____

E-mail: _____

Area of Certification: _____

Job Title: _____

_____

In the space below, or on a separate sheet, provide a very detailed description of your duties in the classroom and how your classroom setting meets the certification requirements needed in your program of study where you are/will be employed as a ***full-time*** teacher.

_____

_____

_____

_____

❑ I understand that a certificate of this type is issued to a student in a NYS registered approved graduate teacher education program. All criteria must be met, and appropriate signatures obtained prior to approval of application. Upon approval, student will be advised as to how to apply and pay for the temporary certificate on TEACH. The certificate is valid for up to two years and is not renewable while the student is matriculated in the program and completing the internship requirements of the program. Upon completion of the program, or if the student leaves the program before completion ***the certificate becomes invalid.***

_____ _____

Applicant Signature Date

Required for Approval:

❑ enrolled in a program leading to teacher certification and completed at least 50% of the required coursework;

❑ 3.3 GPA or higher;

❑ hired, or has an offer to be hired, in a teaching position that matches the *area of teacher certification of their program;*

❑ completed all undergraduate liberal arts prerequisites as identified by the Nazareth College Certification Office;

❑ completed DASA and Child Abuse/Violence Prevention Workshops;

❑ received NYS fingerprint clearance;

❑ met all expectations for professionalism as determined by Nazareth faculty and relevant school based personnel;

❑ submitted a letter of intent to employ from a principal/district administrator;

❑ submitted a plan for program completion with signature of academic advisor/program director.

Name of Program: _____

❑ *Approved* ❑ *Not Approved*

Comments:

_____

_____

_____

_____ _____

Nazareth College program director's signature Date

Return completed documents to:
Pat Huntington, Office of Teacher Certification
Nazareth College, 4245 East Avenue Rochester, NY 14618
Or scan and e-mail: **phuntin6@naz.edu**
Questions: Call 585-389-2051 or contact your program director.

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