



UNIVERSITY HIGH SCHOOL
ONE-YEAR INTERNSHIP PROGRAM

APPLICATION

Last Name *First* *Middle/Maiden* *GPA (opt)*

UID *Email* *Major/Minor* *SED Only: Area SED*

Street Address *Apt #* *City* *State* *Zip*

Local Phone or Cell Phone # *Home Phone #*

Home Address: Street, Apt #, City, State, Zip

High School Attended *City/State*

Do you have family or personal friends attending or employed by an ISU Laboratory School? (circle one) YES NO

If YES, where:

Classification: (circle one) Undergraduate Graduate Second Bachelor

I have read, signed, and turned in the Student Teaching Agreement Form for Illinois State University. YES NO

Student Signature *Date*

NOTE: Final placement decision determined by University High School. Turn in three copies of Application, ten copies of Resume, one transcript, and one signed copy of the Student Teaching Agreement.

For Office Use Only: