Guest Internship Request Form  
(Non-Armstrong Candidates)

Instructions: To be considered for a courtesy Internship (student teaching) at Armstrong State University, please read the Guest Internship Policy and complete all areas of this form. Please have your current academic advisor look over the form and sign in the space provided. Please note that all candidates must have a GPA of 3.0 or above and have completed all other courses on their program of study. All Guest Intern applicants must agree to begin Internship on Armstrong’s internship start date and complete their internship within the same semester.

Date Submitted  ________________________________________________
Candidate’s Name  ________________________________________________
E-Mail Address  ________________________________________________
Phone  ________________________________________________________

Home                  Cell/Alternate
Permanent Address:  ________________________________________________

Street Address

City            State           Zip Code
Local (Georgia) Address:  ________________________________________________

Street Address

City            County            State          Zip Code
At what institution are you seeking a degree?

Institution Name

Street Address

City                      State                      Zip Code
What degree are you currently pursuing?  ______________________________

When are you planning to student teach?  _________________ (Semester)  _______________ (Year)

What is your anticipated graduation date from the above-referenced institution?

_________________ (Month)  _____________ (Year)

In what state are you seeking a teaching certificate/license?  ______________________________

In what area are you seeking certification?  __________________________________________

CONTINUED ON THE BACK
Program of Study & Concentration Information:

What is your program of study at your institution?

Circle One: ECE (Elementary)  P-12  Middle Grades  Secondary

Circle One: Circle all that apply: (Should be at least two for Secondary)

Undergrad: Math
Post Bac: Science
Graduate: Social Studies/History

Language Arts/English
P-12 Art
P-12 Music
P-12 Spanish

Geographical Area Requested: ______________________________________________________

County  City  State

I have read the policy for Armstrong State University’s Guest Internships and agree to accept all the conditions set forth in that document. I have completed my program of study, will start on the first day of Armstrong’s Internship schedule and will complete the full fifteen week internship in one semester.

Guest Intern Applicant Signature ________________________   Date__________________________

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Teacher Candidate:
Do Not Write in the Space Below

Approved by Academic Advisor (Home Institution)

_________________________________________  __________________________
Signature  Date

Approved by (ASU Department Head)

_________________________________________  __________________________
Signature  Date

Printed Name  Title

Received by FECPP:

______________________    ______________________________________
Date Received  Cooperating County  Cooperating School and Phone Number

Cooperating Teacher & Grade Level

Date Placement Confirmed by Cooperating School