



## APPLICATION FOR SPECIAL EDUCATION INTERNSHIP PROGRAM

### STUDENT INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Semester Applying: \_\_\_\_\_  
(Last) (First) (MI)

Area of Study: \_\_\_\_\_ Advisor: \_\_\_\_\_

Intended Date of Graduation: \_\_\_\_\_

### PREREQUISITE COURSES YOU HAVE COMPLETED TOWARD YOUR FIELD OF INTEREST (please list):

_____	_____
_____	_____
_____	_____
_____	_____

### PREREQUISITE COURSES YOU ARE ENROLLED IN FOR THE COMING SEMESTER (please list):

_____	_____
_____	_____

### What do you hope to gain from this internship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have your own transportation?  Yes  No

**Rank your placement choices (1-4):** \_\_\_ Preschool \_\_\_ Elementary School \_\_\_ Middle School \_\_\_ High School

### INDICATE YOUR AVAILABILITY DURING THE UPCOMING SEMESTER BETWEEN 9 AM—5 PM:

Monday	Tuesday	Wednesday	Thursday	Friday

*\*If your schedule changes between the submission of this application and internship assignment, please contact Mrs. Schabes immediately.*

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WITS/MAALOT Advisor Signature: \_\_\_\_\_

**Please submit one copy of this form to the office at [info@wits.edu](mailto:info@wits.edu) and email one copy to [cshabes@wits.edu](mailto:cshabes@wits.edu).**