

Fairfield University
Graduate School of Education and Allied Professions
Fairfield, CT 06824
(203) 254-4000
Application for Teaching Intern Program

Date _____

Last Name	First Name	Initial
-----------	------------	---------

Social Security Number ____/____/____

Present Address _____

City/State _____

Phone —Area Code (____) _____

Permanent Address _____

City/State _____

Phone —Area Code (____) _____

Are there any reason which would prevent you from performing the duties of the assignments for which you are applying?

If yes, explain _____

Type of Connecticut Certification held? Initial ____ Provisional ____ Professional ____

Endorsement Code(s) _____ Subject(s) or Grade(s) _____

Enclose the following test scores:

PRAXIS I (if waived): SAT SCORES: Verbal _____ Math _____

PRAXIS I (if tests taken): Reading _____ Writing _____ Math _____

PRAXIS II :subject area _____ Score _____

General college academic average (e.g. A=4.0 B=3.0)

Major Average _____

For Elementary Applicants: Check areas of competence:

Singing _____ Play an instrument _____ What? _____

Arts & Crafts _____ Dramatics _____ Sports _____ What? _____

For Middle and High School Applicants:

List areas in which you can help as a member of a school system staff, building, or department.

Other Professional Experiences (Travel, private study, publications, lecturing, etc.)

From		To		Nature of Experience	No. Years Taught
Mo.	Yr.	Mo.	Yr.		

Other Work Experience (Business, trades, summer occupations, social services, scouting, recreation, etc.)

From		To		Firm, Institution	Nature of Work	No. Years Taught
Mo.	Yr.	Mo.	Yr.			

Military Service

From		To		Branch of Service	Rank	No. of Months
Mo.	Yr.	Mo.	Yr.			

