

**INSTRUCTIONS FOR COMPLETING INTERNSHIP APPLICATION  
MASTERS OF ARTS IN TEACHING**

**Applications are due in the office of the Director of Teacher Education Student Services on  
October 1<sup>st</sup> for Spring Semester and March 1<sup>st</sup> for Fall Semester**

Please read and follow **ALL** of these instructions carefully.

1. \_\_\_\_ Set up an appointment with your advisor.
2. \_\_\_\_ Go to OneTech, sign in, click on student tab, follow the menu, **PRINT** a copy of your ATU Transcript. **Do not go to the registrar's office and do not go to your advisor for a copy of your ATU transcript.** If you have transfer work, you will need an unofficial copy of ALL TRANSFER WORK. You will also need an **APPROVED COPY** of your degree audit and any waivers you may have.
3. \_\_\_\_ Take the following forms with you for your appointment with Dr. Lynn Walsh.
  - a. MAT Internship Application
  - b. Unofficial ATU transcript and if applicable, a transfer graduate transcript.
  - c. Copy of your approved Candidacy Form
4. \_\_\_\_ Complete the Field Experience Review Form. This form will help ensure that you receive diversity in your placement.
5. \_\_\_\_ **Take all of the completed forms mentioned above with you to your appointment.**
6. \_\_\_\_ Set up an appointment with Teresa Auprey ([tauprey@atu.edu](mailto:tauprey@atu.edu)) to complete your fingerprinting for your AELS background check.

**IMPORTANT INFORMATION**

**The College of Education must have received from PRAXIS a DESIGNATED INSTITUTION SCORE REPORT with passing Core Academic Skills for Educators Tests Praxis I and Praxis II Content Knowledge Score(s) prior to the first day of the semester.** Be sure to have your score(s) report(s) sent to **both** ATU (code #RA6010) and the State Department of Education (code #R7031). Failure to do this will result in an additional fee for requesting duplicate scores and will slow the processing of your application.

The Arkansas Department of Education requires an **APPROVED BACKGROUND CHECK** before entering an internship. This consists of fingerprinting which must be approved by both the Arkansas State Police and the FBI. It also requires an approved Child Maltreatment form. Please contact the Office of Licensure and Support Services in Crabaugh 310 for more information. You may also email Teresa Auprey at [tauprey@atu.edu](mailto:tauprey@atu.edu) or call her at 479-964-0583 ext. 2351. It can take up to two months to gain this approval. Please allow sufficient time for approval so your entry into internship won't be delayed.

The Office of The Director of Teacher Education Student Services will notify you, by OneTech e-mail, of your status (usually after the end of the current semester) and arrange for your placement (if not employed by a school district). **Do not contact schools until your placement is confirmed by this office.**

**MASTERS OF ARTS IN TEACHING INTERNSHIP APPLICATION**

Issued for the Semester: \_\_\_\_\_

**To Be Completed by Intern**

This application must be complete to be considered for admission into MAT Internship.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden \_\_\_\_\_ SS# \_\_\_\_\_ T # \_\_\_\_\_ Birth Date \_\_\_\_\_

OneTech Email \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Enter the date of your electronic fingerprinting. Date \_\_\_\_\_

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by MAT Advisor Dr. Lynn Walsh**

Grade Point Average: \_\_\_\_\_ Cumulative (including all transfer work): \_\_\_\_\_

If the candidate has not completed the Core Academic Skills for Educators Tests and PRAXIS II Content Knowledge Test(s), when does the candidate plan to take or retake the test(s)?  
\_\_\_\_\_

Praxis II Score(s) Spec. Name \_\_\_\_\_ Score \_\_\_\_\_

**Recommended by Dr. Lynn Walsh** \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by Director of Teacher Education Student Services**

Praxis II Content Knowledge Test Name: \_\_\_\_\_ Score: \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_

Reason \_\_\_\_\_

**Arkansas Tech University**  
**Teacher Education Program**  
Field Experience Review Form for MAT Internship Placement Form

(The information provided will be used to make appropriate pre-service placements in the field. Placements are the administrative decision of the College of Education through the Director of Teacher Education Student Services and are final.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Maiden \_\_\_\_\_ SS# \_\_\_\_\_ T # \_\_\_\_\_ Birth Date \_\_\_\_\_  
OneTech Email \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**What is your major field? Check one of the following:**

**MAMS – MLED – Check two below**

Math \_\_\_\_\_  
English \_\_\_\_\_  
Science \_\_\_\_\_  
Social Studies \_\_\_\_\_

**MAMS - Secondary**

Agri Ed _____	Health and PE K-12 _____
Art K-12 _____	Life Science _____
Business _____	Mathematics _____
Chemistry _____	Music Instrumental _____
Creative Writing _____	Music Vocal _____
English _____	Physical Science _____
Foreign Language – French _____	Physics _____
Foreign Language – German _____	Social Studies _____
Foreign Language – Spanish _____	Speech _____

**Are you currently employed by a school district as a teacher?** Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please provide the following information:

School Name \_\_\_\_\_ School District \_\_\_\_\_  
School Address \_\_\_\_\_ Subject/Grade Teaching \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor Contact \_\_\_\_\_

**If no, please fill out the remainder of this form. If yes, you will not need to fill this out.**

**Do you have relatives currently employed by a public school?** Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, complete the following:

Name	Relationship to You	District	School/Grade level

**Do you have children attending public school?** Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, complete the following:

Name	Relationship to You	District	School/Grade level

Describe any related work experience you have completed in the last 2 years:

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List any minors and the courses you will have completed for areas of endorsement:

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Describe any limitations/disabilities/special considerations that may affect an appropriate placement:

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Please list three school districts for consideration as the Director of Teacher Education seeks your appropriate placement.

**You may not include the school at which you have children attending or relatives employed. You may, however, request any public school district in Arkansas. YOUR CHOICES ARE A STATEMENT OF PREFERENCE ONLY.**

School District for Consideration

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

Comments

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