

# Texas Wesleyan University

## School of Education

### Application for Post-Baccalaureate Internship/Clinical Teaching

Complete **ALL** portions and return to:  
Certification Officer (DWH 204)

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

(**Exactly** as it is shown on your picture ID)

TWU ID# \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Certification Program: (Check One)

<input type="checkbox"/>	EC-6 Generalist with ESL	<input type="checkbox"/>	Secondary History
<input type="checkbox"/>	EC-6 Generalist with Bilingual	<input type="checkbox"/>	Secondary English/Language Arts
<input type="checkbox"/>	EC-12 Music	<input type="checkbox"/>	Secondary Math
<input type="checkbox"/>	EC-12 Spanish	<input type="checkbox"/>	Math (4-8)
<input type="checkbox"/>	EC-12 Physical Education	<input type="checkbox"/>	Secondary Science (Life)
<input type="checkbox"/>		<input type="checkbox"/>	

Current  
Address \_\_\_\_\_  
Street Address or P.O. Box City State Zip Cell Phone #

Permanent  
Address \_\_\_\_\_  
Street/P.O. Box City State Zip Other Phone #

E-Mail Address \_\_\_\_\_  
(other than TWU email)

Citizenship: \_\_\_\_ United States \_\_\_\_ Other (Specify) \_\_\_\_\_

Gender/Race (required for federal reports)

\_\_\_\_ Male      \_\_\_\_ Native American      \_\_\_\_ Hispanic  
\_\_\_\_ Female      \_\_\_\_ Asian      \_\_\_\_ White  
\_\_\_\_ African American      \_\_\_\_ Other \_\_\_\_\_  
(Specify)

Undergraduate Degree Awarded \_\_\_\_\_ Date: \_\_\_\_\_

Which language(s) other than English do you: Read \_\_\_\_\_ Write \_\_\_\_\_ Speak \_\_\_\_\_

**Attach a current photo to this application**

Educational History (List all colleges attended)

College and Location	Dates of Attendance	Major & Minor	Degree & date of Graduation	Overall GPA
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### Employment History

Employer	Address	Job or Position	Dates	Work Phone
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### References

Please list the names and complete addresses of 3 professional persons (clergy, educator, etc.) who could recommend you. Please include name, position or title, company, and telephone number.

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### **If requesting a clinical teaching placement, please complete the following information.**

Placement requested in: \_\_\_\_Elementary \_\_\_\_Middle School \_\_\_\_High School

School Placement Preference: 1<sup>st</sup> choice\_\_\_\_\_ 2<sup>nd</sup> choice\_\_\_\_\_

Elementary: Grade levels preferred (list in order of preference) \_\_\_\_\_

I affirm that all information on this form is complete and accurate to the best of my knowledge. I have submitted all credentials requested.

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Applicant Signature

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Date

Requirements for Post-Baccalaureate Internship/Student Teaching:

- \_\_\_ Undergraduate degree from Texas Wesleyan University with all required EDU courses completed
- \_\_\_ TWU Application for Admission to the Post-Baccalaureate/Certification Only Program
- \_\_\_ Passing score on the appropriate TExES content area certification exam
- \_\_\_ Passing score on the TExES Science of Teaching Reading certification exam (EC-6 candidates)
- \_\_\_ Passing score on TExES EC-12 PPR certification exam
- \_\_\_ Passing score on the appropriate TExES supplemental exam(s)
- \_\_\_ Statement of Eligibility for Internship completed by Employing School District (Internship Only)