Office use only
Date received:

Department of Teacher Education
REQUEST TO CHANGE INTERNSHIP YEAR
FOR ONE YEAR ONLY

Return this form to the Student Affairs Office, 134 Erickson Hall.

Name:_____ Other Names of Record_____

PID:_____ **Email:**_____ **Phone**_____

Address to which you want information sent:_____

_____

Specify by circling one: Elementary Special education Child Development
Secondary

Major:_____ **Minor(s)**_____

Team:_____

Internship year to which you were originally assigned:_____

Internship year to which you now want to be assigned:_____

Reason you are requesting a change (mark one and provide a letter of explanation if you are requesting this change due to personal reasons):

_____ Academic Extension (e.g. need to finish teacher education coursework, major/minor courses, or degree requirements, engaged in study abroad, program interruption) Please explain.

_____ Personal reasons (e.g. financial needs, medical leave, travel, personal preference, etc). **A letter of explanation of personal reasons is required.**

I understand that if I delay longer than one year, I may be required to submit a Request for Reinstatement to the Teacher Preparation Program. This request form is on the College of Education website at http://www.educ.msu.edu/students/undergraduate/te_forms.htm

I understand that the Department of Teacher Education will review this request to change my internship year. I understand that the Teacher Education Department cannot guarantee that my request will be approved. I understand that if my request is rejected, I can file an appeal.

My signature below confirms that I have read and understood the above information and procedures.

_____ _____
Student's Signature Date