

# Application for Graduate Internship

DATE: \_\_\_\_\_

Please check one:  Post-Baccalaureate Student Application

MAT Student Application

Please check one:  Certification Plan

Master's Degree

Name \_\_\_\_\_ Student Identification Number \_\_\_\_\_

Email \_\_\_\_\_

Address (Local) \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code ( )  
Phone No.

Alternate (Home) \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code ( )  
Phone No.

Area of Certification: \_\_\_\_\_

Date of Admission to TWU: \_\_\_\_\_

Attach the following to this application:

Copy of letter of admission into Texas Woman's University's Graduate School

Verification of Content Area Mastery

1. Copy of TExES score or 2. Verification of a minimum of 24 semester credit hours in the content area if a TExES/ExCET exam is not available

Unofficial Degree Plan or a copy of Certification Plan for Post Baccalaureate certification students

**Submit the completed application to the Office of Clinical Practices, SH 202F**