

SCHOOL LIBRARY INTERNSHIP REQUEST FORM INSTRUCTIONS

LS 572, School Libraries Internship, requires 300 clock hours, with a minimum of 100 at the elementary level and 100 at the secondary level (middle school or high school).

Please complete the required information on the form. You should list the courses you have taken, are currently taking, and plan to take during the semester of your internship on the form. LS 542 and LS 532 are pre-requisites for LS 572.

After you complete the form, save it, and email it to your advisor and to Professor Yates (steven.d.yates@ua.edu) as an attachment. You do not have to sign it if you are sending from your Crimson email address.

After your form has been submitted and approved, you will be issued a CRN number that will allow you to register for LS 572. Professor Yates will work with you to find an internship site and plan a schedule for your hours. All internships must be supervised by an individual holding a valid master's level professional educator certificate in library media and who is employed as a librarian.

Please see the LS 572 syllabus for guidelines and assignments.

REQUEST FOR INTERNSHIP FORM

Students requesting internships must fill out this form and get approval from their advisor and the faculty member coordinating the internship. The faculty coordinator must give a copy of the approved form to the SLIS office. The SLIS office staff will issue a permit and the student must then register by adding the class using the CRN#.

Name: _____ Campus-Wide ID: _____

Student Address: _____

Student Telephone Number Local: _____ Permanent: _____

Student Status (check one):

- In-State
- Out-of-State
- Gadsden
- DE
- Other

Student email address: _____

Semester and Year of Desired Internship: _____

Hours of Credit and Agency Contact Hours:

3 credits/300 hrs. for LS 572 (School Media Only)
minimum 100 hrs./elementary and minimum 100 hrs./secondary

1. Please state your reason(s) for wanting to undertake this internship.

2. What specifically do you want to learn from this internship? You may cite the skills you would like to either gain or polish, the type of experiences or activities you would like to take part in, etc.

List courses completed in LS Program (including transfers):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Electronic Signature/Date

Student's Faculty Advisor Signature/ Date

SLIS Faculty Internship Coordinator's Signature/Date

SLIS FACULTY Internship Coordinator fills in section below (not site supervisor)

Name of School (if known): _____

School is local to student's home address Yes No