

UC MERCED EXTENSION EDUCATION PROGRAMS

TEACHER PREPARATION PROGRAM

Intern Credential Request Form

Once you have received an offer of employment from a district, **please submit this form along with a copy of your contract to the Credential Analyst.**

Student ID: _____

Please include your full legal name as it will appear on your credential:

First Name	Middle Name	Last Name

Former or Maiden Name(s): _____

Email:		Phone:	
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Credential Type: (Please select one)

Multiple Subjects	Single Subject:	
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Important Information to Understand About an Internship Credential:

I understand that this university internship credential will only remain valid while I am enrolled in the credential program coursework appropriate for the intern credential, maintain employment at the designated district, and remain in good standing with the program and university.

I understand that I must apply and submit payment for my intern credential, on the CTC website, within five business days of receiving my CTC recommendation email.

I understand that while holding my internship credential, I must enroll in all Intern courses- Fall and or Spring terms: EDUCX 304 Intern Support Course, EDUCX 306a- Intern seminar, EDUCX 306b-intern seminar, EDUCX 306c- Intern seminar, EDUCX 306d- Intern seminar, until I have been granted my Preliminary Credential. These courses become part of my course of study sequence.

I authorize the UC Merced Extension Teacher Preparation Program to release information regarding the issuance or cancelation of my credential to school districts and/or county offices of education for the purpose of my employment.

Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____

___ Digital

___ In-Person

Staff Initials: _____

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INTERN AUTHORIZATION FOR EMPLOYMENT

I. TO BE COMPLETED BY CANDIDATE

Please check one: ☐ New Intern ☐ Change of Restriction ☐ Intern Extension ☐ Intern Re-Activation

Candidate's Name: _____ SSN: XXXX- XX _____

Signature of Candidate: _____ Date _____

School District authorization is obtained from the Personnel Division of your school district; contact your employer for procedure.

II. TO BE COMPLETED BY EMPLOYING AGENCY:

A. Employment Information

Check Organization Type: ☐ County of Employment ☐ Charter School ☐ Non-Public/Non-Public Agency ☐ Statewide Charter School ☐ School District ☐ Statewide Agency.

Employing Agency: _____ County-District-School Code (required) _____

School Name: _____ Phone #: (____) _____

Address: _____ Email: _____

B. Assignment Information

Check Credential Type: ☒ Multiple Subject ☐ Single Subject Education

Subject(s) assigned to teach: _____ Grade(s): _____

Beginning Date of Intern Employment or Extension (month/day/year): _____

C. Personnel Division Approval

District Personnel Name/Title _____

Email: _____ Phone: _____

Signature of District Personnel: _____ Date: _____

III. TO BE COMPLETED BY THE UNIVERSITY

I have advised the above candidate and approve the proposed internship assignment. The Teacher Preparation Program will verify all requirements for the intern credential have been met and if appropriate, submit a recommendation to the Commission on Teacher Credentialing.

Credential Analyst: _____ Signature: _____ Date: _____