



VOICE Internship Application

Name _____ SS # _____
Last First Middle Initial
Address _____ Phone _____
Street City State Zip
E-mail _____ Alt. Phone _____

Internship Position

School District _____ School _____
Contact Person _____ Number: _____
Subject _____ Grade(s) _____ Mentor Teacher _____
(name)

TEExES Test (Content)

Subject Area: _____

Date Passed: _____

Application Procedures:

- Submit completed *Internship Application* form to:
Teacher Education Records Office
University of Houston-Victoria
3007 N. Ben Wilson
Victoria, TX 77901
- Submit *Mentor Teacher Agreement* to school district for completion and signatures.
- Have school district return agreement to UHV along with letter requesting recommendation from UHV.
 - The letter should also verify mentor teacher's name, date of hire, content and grade level(s) being taught.