



## 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.