



WESTERN MICHIGAN UNIVERSITY

Office of Clinical Experiences
College of Education and Human Development
1903 W. Michigan Avenue
Kalamazoo, MI 49008-5240
Office: (269) 387-3466
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INTERNSHIP EARLY RELEASE APPEAL FORM

Teacher Candidate Name: _____ WIN # _____

Program: EED SED ECE SPED ART HPHE CTE/FCS MSC SPPA

Major: _____ Minor: _____

Address: _____ City: _____ Zip Code: _____

Telephone Number: _____ E-Mail: _____

INTERNSHIP INFORMATION:

Semester: _____ Location: _____ Clinical Instructor: _____

REASON FOR EARLY RELEASE APPEAL:

INDEPTH DESCRIPTION OF APPEAL: (MAY ATTACH ADDITIONAL SHEETS)

Teacher Candidate Signature: _____ Telephone: _____

NOTE: Please secure the signatures below. Decisions may take up to 10 business days. Interns may need to meet with a committee comprised of faculty, OCE staff, and the Director of Teacher Education.

SUPPORTING SIGNATURES: (ALL SIGNATURES NEEDED FOR APPEAL TO BE ACCEPTED)

Cooperating Teacher: _____

Building Principal: _____

Clinical Instructor: _____

All internship seminar assignments have been completed: Yes No

I will be available to the intern for the remainder of the semester: Yes No

In addition, you must submit a letter from the school district stating that you are being hired for a particular teaching position.

ADVISORY BOARD DECISION:

Date Received: _____

Employment Verified: Yes No

Verification of cooperating teacher: Yes No

Committee Members Notified: Yes No

Meeting Necessary: Yes No

Decision: Yes No

Teacher Candidate Notified: E-mail: _____ Mail: _____ Date: _____