DELAWARE VALLEY COLLEGE
TEACHER CERTIFICATION INTERN PROGRAM
INTERN OBSERVATION APPLICATION

PLEASE PRINT

DO NOT WRITE IN THIS SPACE

C | Entered

AD | AE | AS

Cohort Start Date :

Date of Intern Certificate:

Male □ Female □

Social Security Number

Last Name First Name MI

Maiden Name Date of Birth: Month Day Year

Street Address City State Zip

Home Phone # Work Phone # Cell Phone # Email address

Have you taken and passed the Praxis 1 and 2 Exams? □ Yes □ No When? Month Year

Delaware Valley College coursework completed? □ Yes □ No

Are you using State or Federal Aid? (Promissory Note must be returned to the Bursar's Office.) □ Yes □ No

National Ethnic Origin

DVC is required by Federal law to submit racial/ethnic data under Title VI of the Civil Rights Act of 1964

□ American Indian or Alaskan native
□ Asian or Pacific Islander
□ Caucasian
□ Hispanic
□ Black
□ Other

Is this teaching position:
□ Internship
□ Long-term Substitute
□ Emergency Certification

School Name	School Phone Number
School Address	
School City/State/Zip	
Start Date/End Date	
Principal's Name	

G.I. BILL FILE #:

Student Signature DATE

PLEASE CHARGE MY TUITION & FEES TO:

□ MasterCard □ Discover □ Visa □ American Express

Fee $900.00	$ 900.00
Total Due	$ 900.00

Charge Number

Expiration Mo./Yr. $ Amt. To Be Charged

Return:**Office of Continuing Education**
TCIP Program
Delaware Valley College
700 East Butler Avenue, Doylestown, PA 18901

Questions? - CALL 215- 489-2375 /

FAX COMPLETED FORM TO: 215-345-1599