

## School Library Internship Application Form: Secondary School Placement Request

Date:

**Part I: STUDENT INFORMATION:**

**Graduate**

**Certificate Only**

Preferred Prefix: (Mr., Miss, Ms., etc.)      Name: (First, Last)	Birth Date:
Current Address:	Student ID Number:
E-mail Address:	Phone:

Course title: LBSC 749 - Internship in School Libraries	College Major	Name of Instructor: Bridgette Comanda Telephone Number: 443-995-1139 E-mail: <a href="mailto:comandab@umd.edu">comandab@umd.edu</a>	Grade Level Library Media Program
Minimum Hours Required for <b>this</b> Placement: 120	<b>MLIS</b>		Middle                  High
Minimum Hours Required to Complete Requirement: 240			

Preferred/Approximate Beginning Date	Preferred/Approximate Ending Date	Days per week at this placement:  3                  5	Transportation Available:
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School System Preference (ranked in order of preference)  1. _____ 2. _____ 3. _____	Geographic Area Preferences (ranked in order of preference)  1. _____ 2. _____ 3. _____
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Children or other relatives in the school system to which you are applying? If yes, please list relationship and school(s).	Insert additional information that will help to secure an appropriate placement for you.
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**Part II UNIVERSITY COORDINATOR'S NOTES**

School Assignment:	Host Librarian's Name:
Grades	Principal/Director
School Address/Phone Number:	Coordinator Signature
	Date:

**Please return completed form to:**

**Bridgette Comanda  
College of Information Studies  
4130 Campus Drive  
Room 4121A Hornbake Building,  
South Wing  
College Park, MD 20742  
[comandab@umd.edu](mailto:comandab@umd.edu)**