



**MASTER OF TEACHING /
 BACHELOR OF EDUCATION COMBINED DEGREE INTERNSHIP
 OVERSEAS (O/S) INTERNSHIP FORM - PROPOSAL
 (ONLY TO BE COMPLETED BY THOSE INTENDING TO UNDERTAKE INTERNSHIP OVERSEAS)**

NAME: _____

CONTACT NUMBERS: (H) _____ (M) _____

EMAIL: _____

PRIMARY: SECONDARY: CURRICULUM AREA: _____

1. PLEASE STATE YOUR REASON(S) FOR PROPOSING TO UNDERTAKE INTERNSHIP O/S

2. BRIEFLY COMMENT ON YOUR PERSONAL SUITABILITY FOR AN O/S PLACEMENT

3. INFORMATION ON THE PROPOSED O/S SCHOOL

SCHOOL: _____

ADDRESS: _____

PRINCIPAL: _____

NAME OF MENTOR TEACHER: _____

PHONE: _____ FAX: _____

WEB ADDRESS: _____

**(PLEASE NOTE: PHONE AND FAX NUMBERS MUST INCLUDE THE COUNTRY CODE, AREA CODE, ETC,
 OTHERWISE YOUR PROPOSAL WILL NOT BE CONSIDERED.)**

SIGNATURE: _____ DATE: _____

APPROVED: _____ DATE: _____
 (DIRECTOR, PROFESSIONAL EXPERIENCE)

NOT APPROVED:
 REASON: _____
