

**Request for Deaf Studies Internship Placement**  
**Spring \_\_\_\_\_ Fall \_\_\_\_\_**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone/Work Hours: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credits completed at end of current semester: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Grade point average/overall: \_\_\_\_\_ Grade point average in major: \_\_\_\_\_

What grades have you earned in the following courses?

ASL 2 \_\_\_\_\_ ASL 3 \_\_\_\_\_ ASL 4 \_\_\_\_\_ Deaf Culture \_\_\_\_\_

Please rate your ASL skills: weak fair good very good excellent

***Prerequisites for the Internship include completion of the communication screening, criminal background check, and a GPA in the major of 2.5 or greater. Departmental policy is that students are not permitted to contact schools and agencies for off-campus internships without first discussing this with Sheryl Cooper, Deaf Studies Internship Coordinator.***

1. I plan to enroll in the following Internship section:

- |                    |                        |                      |
|--------------------|------------------------|----------------------|
| _____ DFST 410.001 | 2 credits, not school  | (60 hours/semester)  |
| _____ DFST 410.002 | 3 credits, not school  | (90 hours/semester)  |
| _____ DFST 410.003 | 4 credits, not school  | (120 hours/semester) |
| _____ DFST 410.004 | 2 credits, in a school | (60 hours/semester)  |
| _____ DFST 410.005 | 3 credits, in a school | (90 hours/semester)  |
| _____ DFST 410.006 | 4 credits, in a school | (120 hours/semester) |

*Students requesting placements in public schools should complete the on-line BACOST form through the Center for Professional Practice early in the semester preceding the internship.*

2. Location Preference: (i.e., Baltimore City, Baltimore County, MD, DC, no preference)

3. Type of Internship

\_\_\_ with adults \_\_\_ with children \_\_\_ either

4. Career Goal: \_\_\_\_\_

5. If you have a specific site in mind, please list in order of preference:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Please submit to Dr. Cooper (hard copy or email)  
by the following deadlines:*

*Fall internship: May 1 Spring internship: December 1*

*I will contact you to confirm your placement.*

*Please make sure your email and phone numbers are correct.*