CONFIRMATION OF WLC INTERN ACCEPTANCE

DATE: _ _ / _ _ / _ _ _ _       SCHOOL: ______________________________
       Mo Da Year

DISTRICT: ______________________________

TO: WISCONSIN LUTHERAN COLLEGE SCHOOL OF EDUCATION
   8800 W. BLUEMOUND ROAD
   MILWAUKEE, WI  53226
   (phone) 414-443-8818     (fax) 414-443-8741

This letter is to confirm that ______________________________________, a student at
(Name of Intern)
Wisconsin Lutheran College, has been accepted by our school and district to be an intern for
the  1st / 2nd  semester of the 20_ _ - 20_ _ school year.
(circle one)     (fill in years)

________________________________ will be the cooperating teacher for the internship
(Name of Cooperating Teacher)
experience. The internship will be served primarily in grade(s) ____.

FROM: ________________________________ (Print Name)

________________________________  (Signature)

________________________________  (Title)

________________________________  (Telephone)

(Internship Candidate – Please give this form to the appropriate school/district personnel upon being accepted
as an intern. Ask them to fill it out and send it to the WLC School of Education as soon as possible.)