

CSU Stanislaus Child Development Center Internship Application



Name		Date
Last	First	Middle
Street Address:		City, State, Zip:
Primary Telephone:		Alternative Telephone:
Email Address:		Student ID #:
Are you a student at CSU Stanislaus? Yes No		Are you 18 years of age or older? yes no
Yearinschool:	eshman sophomore	Major:
junior senior		Track/Concentration/Minor:
		Anticipated Graduation Date:
	to child development	
Course #	Course name	College Where Taken
Have you taken coursework specific to:		Do you have a California CDEV Permit?
Families	yes no	yes no
InfantDevelopment	yes no	If yes, which level and when does it expire?
ECE Curriculum	yes no	Indicate classroom preference (1st, 2nd, 3rd)
Administration of ECE Programs yes no		☐ Infant ☐Toddler ☐Preschool
***attach the following documents to your		
application: most recent unofficial transcripts, class schedule (or tentative		Indicate session preference (1st, 2nd, 3rd)
schedule) for the following semester, and		☐ MWF am ☐ MWF pm
photocopy of official I	JL/IU	TTHam TTHpm Lunch Bunch

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History	
Telephone	Dates Worked
Reason for Leaving	Salary
Email Address of Supervisor	
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	Date:
	Reason for Leaving Email Address of Supervisor Telephone Reason for Leaving Email Address of Supervisor Telephone