

CONFIRMATION OF WLC INTERN ACCEPTANCE

DATE: ___/___/____
Mo Da Year

SCHOOL: _____

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.)