

ALPINE SCHOOL DISTRICT
Teacher in Industry and Business Externship (TIB)
Summer, 2008

Application Form

Please print requested information in the space provided. All requested information must be provided.

Name: _____
Last First MI

Home Address

Number Street Apt

City State Zip

Home Phone Cell

School Information

School

School Phone Extension

Email

Subject(s) You Teach

Course Number Course Name

Course Number Course Name

Course Number Course Name

Course Number Course Name

Course Number Course Name

Externship Employer Information

Name of Externship Employer or Company

Address of the Facility Where Your Training Station Will Be Located

City State Zip

Externship Supervisor/Contact Person

Externship Supervisor/Contact Person's Phone Number/Extension

Externship Supervisor/Cell Phone Number

Dates of Externship: (80 Hours)

Completed Goal Sheet Attached

Describe in detail the work you will be doing. Limit your narrative to this page.

Indicate how the job is related to what you teach. Limit your narrative to this page.

_____ Applicant's Signature	_____ Date of Signature
_____ Employer's Signature	_____ Date of Signature
_____ Principal's Signature	_____ Date of Signature
_____ CTE Director's Signature	_____ Date of Signature
