



Department of Child & Adolescent Development
 1600 Holloway Avenue, SCI 394
 San Francisco, CA 94132
 415-405-3564

**CHILD & ADOLESCENT DEVELOPMENT
 INTERNSHIP APPLICATION**

DEADLINE:

- One semester before the start of your intended internship (e.g. September & February).
- Official dates posted on <http://cad.sfsu.edu/internships>
- Failure to comply will result in having to reapply for an internship the next semester.

SUBMISSION:

- The Department of Child & Adolescent Development accepts applications via email. Please email your completed application to cadint@sfsu.edu.
- If you do not have a scanner, please type your SF State ID # in lieu of your signature on the signature line on page #2 of the application.
- If for any reason an intern does not start an internship in the semester for which they have applied, the intern will need to reapply for a future semester by the designated deadline.
- Applicants will receive a confirmation email that their application has been received.
- Applicants will receive an email to their SF State email address from cadint@sfsu.edu to notify them of acceptance/denial of their application. The email will also include next steps for how the applicant will proceed in obtaining an approved internship.
- *The Department will not accept paper copies of the application.*

STUDENT INFORMATION:

| | | |
|---|---|-----------------------|
| Last Name | First Name | Middle Initial |
| | | |
| CAD Major Concentration | | |
| <input type="checkbox"/> Early Childhood <input type="checkbox"/> School Age Child & Family <input type="checkbox"/> Youth Work & Out of School Time <input type="checkbox"/> Other: | | |
| CAD Major Bulletin Year (CAD Bulletin year can be found at the top of your DPR) | | |
| <input type="checkbox"/> 2014-2015 <input type="checkbox"/> 2015-2016 <input type="checkbox"/> 2016-2017 <input type="checkbox"/> 2017-2018 <input type="checkbox"/> 2018-2019 <input type="checkbox"/> Other: | | |
| Student ID # | Primary Phone Number | |
| | | |
| SF State Email Address | Personal Email Address | |
| | | |
| Local Address (Address, City, State, Zip Code) | | |
| | | |
| CAD Internship Eligibility (Please check all prerequisites that you have completed or are in progress of completing) | | |
| <input type="checkbox"/> CAD 210 - <input type="checkbox"/> @ SF State or <input type="checkbox"/> Transfer <input type="checkbox"/> CAD 260 - <input type="checkbox"/> @ SF State or <input type="checkbox"/> Transfer <input type="checkbox"/> CAD 215 (EC only) - <input type="checkbox"/> @ SF State or <input type="checkbox"/> Transfer | <input type="checkbox"/> CAD 410 <input type="checkbox"/> 30 units in the CAD Major with a C or higher grade <input type="checkbox"/> Applying for internship for final semester of senior year | |
| Projected Semester of Internship | Projected Graduation Date | |
| I am applying for: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ | <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ | |

Signature _____ Date _____