**Eligibility for Intern Status**

Please complete the following form to indicate eligibility, or otherwise, for intern status.

|  |  |
| --- | --- |
| **Date:** |       |

|  |  |
| --- | --- |
| **Pre-service** **Teacher Coordinator:** |       |
|  |  |
| **School:** |       |

|  |  |  |
| --- | --- | --- |
| **Student name**  | **Eligible** | **Ineligible** |
|       |       |       |
|       |       |       |

If the pre-service teacher/s are eligible for intern status, please the write dates of the internship below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of internship:**  |       | to |       |

|  |  |
| --- | --- |
| **Pre-service Teacher Coordinator Signature:** |       |

**Please email this form to** **prac@uq.edu.au** **or fax it to 3365 7199**