



NAZARETH COLLEGE
School of Education
PROGRAM COMPLETION PLAN
FOR AN INTERNSHIP CERTIFICATE

Name: _____ Student ID # _____

Nazareth E-mail: _____

Nazareth Program: _____

List the remaining course(s) in the program and the semester in which they will be completed.

Course Number	Course Title	Semester Scheduled to Complete

Read each statement and check the box to acknowledge your understanding.

I understand I am responsible for completing the courses above within two years of receiving my Internship certificate. After two years, my internship certificate will expire.

I understand an Internship certificate cannot be renewed to allow me to complete the course above.

I understand that if I leave my program before completing the requirements above, my Internship certificate will immediately expire upon leaving the program.

I understand that upon completing the requirements above and graduating from Nazareth College, my Internship certificate immediately expires, and I must apply for New York State TEACH certification.

Teacher Candidate Signature

Date

Program Director's Signature

Date