

Instructional Technology Application of Intent

Applicant name: _____ Date: _____

Start date: _____

Program Manager: _____

I, _____, wish to apply for the following:

____ **Master's of Instructional Technology with Internship**

____ **Master's of Instructional Technology only**

____ **Master's of Instructional Technology plus Certification**

____ **Instructional Technology Specialist Certification (PA Certification)**

Will your internship take place in a school setting? Yes No

I understand that if I plan to do my internship in a school setting I must submit the necessary background check documents as required by the state where I will be completing the internship.

Signature

Date

Please submit electronically to your Program Manager.