



# ITGL Internship Program Interest Form

*Exclusive Service Provider for JHU SOE ITGL Program*

## Personal Information

|                          |                               |                                 |  |
|--------------------------|-------------------------------|---------------------------------|--|
| <b>Surname</b>           |                               | <b>First Name</b>               |  |
| <b>Gender</b>            | <input type="checkbox"/> Male | <input type="checkbox"/> Female |  |
| <b>Country of Origin</b> |                               | <b>DOB</b>                      |  |
| <b>Email</b>             |                               | <b>Cell Phone</b>               |  |
| <b>ITGL Track</b>        |                               |                                 |  |

## Academic Background

|                       |  |
|-----------------------|--|
| <b>University</b>     |  |
| <b>Degree</b>         |  |
| <b>Dates Attended</b> |  |

## Interested Placement Organizations

- School     Ed Tech Company     Non-profit Organizations     Preschool  
 Others: \_\_\_\_\_

## Interested Career Coaching Services

- Leadership Skill Training     Resume and Cover Letter Assistance  
 Presentation Skill Training     Mock Interviews  
 Employment Workshops     Networking Opportunities  
 Shadowing Opportunities     Site Visits  
 Others: \_\_\_\_\_

## Career Direction

- Teacher     School Administrator     Curriculum Designer  
 Ed Researcher     Entrepreneur/Business Owner  
 Others: \_\_\_\_\_

## Relevant Professional Certificates/Awards

|  |
|--|
|  |
|--|

## Relevant Work / Internship Experience

| Period<br>(MM/DD/YYYY)   | Organizations | Positions | Responsibility |
|--|---------------|-----------|----------------|
| <b>From:</b><br><br><br><br><br><br><br><br><br><br><b>To:</b> |               |           |                |
| <b>From:</b><br><br><br><br><br><br><br><br><br><br><b>To:</b> |               |           |                |
| <b>From:</b><br><br><br><br><br><br><br><br><br><br><b>To:</b> |               |           |                |
| <b>From:</b><br><br><br><br><br><br><br><br><br><br><b>To:</b> |               |           |                |

★ By signing this below, I certify all the information is true and correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

★ Please email a copy to [ITGLInternship@aceedu.com](mailto:ITGLInternship@aceedu.com) after you complete the application.