



San Diego Unified School District
San Diego Education Association



**APPLICATION / STATEMENT OF INTEREST
FOR SPECIAL EDUCATION INTERN PROGRAM**

(please print)

Last Name _____

First Name _____

Home Address _____

City/ST/ZIP _____

Summer Phone Number _____

Summer E-Mail _____

2008-2009 School Site _____

2008-2009 Grade Level(s) _____

2009-2010 School Site (if known) _____

2009-2010 Grade Level(s) (if known) _____

University Preference: Chapman Point Loma Nazarene No Preference

I am interested in: Mild/Moderate Credential only
 Mild/Moderate Credential AND Masters' Degree

**APPLICATION / STATEMENT OF INTEREST MUST BE SUBMITTED BY:
JULY 1, 2009 (5:00 p.m.)**

RETURN TO:

**San Diego Education Association
ATTN: Marc Capitelli
10393 San Diego Mission Road, Suite 100
San Diego, CA 92108-2189**

Fax: 619-282-7659

E-Mail: capitelli_m@sdea.net