

The George Washington University  
School of Education and Human Development  
Office of Laboratory Experiences  
Phone: (202) 994-6166

*Professional Internship Application Form: Fairfax Transition to Teaching  
Fall Semester*

Fall: \_\_\_\_\_ (year) Email: \_\_\_\_\_

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: F \_\_\_\_ or M \_\_\_\_ Academic Advisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Certification Area: \_\_\_\_\_

Professional Internship Course Number and Title: **TRED 234 Professional Internship, Secondary Ed (3 credits)**

Internship Placement: \_\_\_\_\_ Department Head: \_\_\_\_\_

**Prerequisite for Internship:**

**TRED 207 Teaching & Learning II Summer (year) \_\_\_\_\_**

**I understand that I cannot start my internship until I have completed the required prerequisite.**

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Project Director Use Only**

\_\_\_\_\_ is approved for an internship during the Fall semester \_\_\_\_\_, (year) and has successfully completed the academic work required prior the internship with a quality point index of at least 2.50.

Signature \_\_\_\_\_ Date: \_\_\_\_\_