

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

*Student Teaching Application Form: Fairfax Transition to Teaching  
Spring Semester*

Spring \_\_\_\_\_ (year) E-mail: \_\_\_\_\_

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

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

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

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

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

Course Number & Title: **TRED 234: Professional Internship Secondary Education (3credits)**

Internship Placement: \_\_\_\_\_ Cooperating Teacher: \_\_\_\_\_

**Prerequisites for Student Teaching:**

TRED 206 & 207	Teaching & Learning, I & II	Sem/Yr _____	
TRED 246-251	Content Area Methods	Sem/ Yr _____	
TRED 234	Professional Internship	Sem/ Yr _____	Satisfactory Eval Y/N

**I understand that I cannot start student teaching until I have completed the required prerequisites.**

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: \_\_\_\_\_