

LICENSURE VERIFICATION REQUEST FORM

The George Washington University
Department of Teacher Preparation and Special Education
Special Education

THIS IS NOT THE DC LICENSE APPLICATION! PLEASE REQUEST ONE BE MAILED TO YOUR HOME BY EMAILING ole@gwu.edu, OR YOU MAY PICK ONE UP FROM OUR OFFICE – GSEHD BUILDING #401

This form verifies the completion of a state-approved program in an NCATE-accredited teacher unit at The George Washington University. Students requesting licensure verification must have completed the core licensure course work listed below and have completed any content area deficiencies identified in their program of study. **This form is used only for those who are applying for licensure in a state that requires an accreditation clause on your transcript prior to graduation (it is automatically applied when you graduate); or, if you are simply completing the licensure coursework for your content area and not obtaining a full degree.**

Please fill out this form completely and attach any necessary supporting documents.

Name: _____ SS#: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

GWU Program (i.e. Delta, etc): _____

Content Area(s): _____ Advisor: _____

I. Program of Study

Attach a copy of your GWU program of study. Indicate the semesters in which required courses were completed for secondary teacher licensure.

II. Content Area Deficiencies

Indicate when you completed any content area deficiencies specified in your program plan. In addition to completion of the above courses, you must verify completion of any content area deficiencies in your program of study. Please list these deficiencies here:

To verify completion of content area deficiencies, attach copies of all transcripts indicating fulfillment of these requirements. Also, verify that copies of these official transcripts are on file with the Office of the Dean.

