

The George Washington University
School of Education and Human Development
Office of Laboratory Experiences
Phone: (202) 994-6166
Fax: (202)-994-3365

Professional Internship Application Form: T-2000 Program

Semester/Year: _____ E-mail: _____

Circle one: Millennium Fellow or Teaching Corps Fellow Cohort Number: _____

Name: _____ S.S.#: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Academic Advisor/Supervisor: _____ Certification Area: _____

Professional Internship Course Number and Title: _____

1st Placement

Internship Site: _____

Cooperating Professional / Coach : _____

School Address: _____

Phone Number: _____

Content Area: _____

Dates of Placement: _____

2nd Placement (where applicable)

Internship Site: _____

Cooperating Professional / Coach: _____

School Address: _____

Phone Number: _____

Content Area: _____

Dates of Placement: _____

Education Advisor Use Only

This student has successfully completed the academic work required prior to student teaching and has a quality point index of at least 2.50.

_____ is approved to student teach during the _____ semester _____, (year)

Signature _____ Date _____