

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

**Professional Internship Application Form:
Bilingual Special Education**

Semester/ Year of Internship: _____

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: _____

Internship Placement: _____ Cooperating Teacher: _____

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

Student Signature _____ Date: _____

Project Director Use Only

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

_____ is approved for an internship during the _____ semester _____, (year)

Signature _____ Date: _____