

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

*Professional Internship Application Form:
Transition Special Education Program*

Semester/ Year of Internship: _____ 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: _____

Internship Placement: _____

Cooperating Teacher: _____ Dates: _____

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

Student Signature _____ Date: _____

Project Director Use Only

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

Signature _____ Date: _____