

GWU W. SCOTT AMEY CAREER SERVICES CENTER

Professional Praxis Student Application

SEASCareers

All portions of this form are required. Any incomplete forms will be sent back for correction. This form is due via GWSEASPraxis@gwu.edu by the date listed on <https://careers.seas.gwu.edu/gwu-seas-praxis/> along with the Employer Agreement and a copy of your offer letter, in order to be considered for the semester you are applying for. Please direct any questions to GWSEASPraxis@gwu.edu.



1. Check the box for the session you are applying for (**only one may be checked**), and write in the year:

Winter Break / Spring
 Summer
 Fall

 (year)

2. Student Information

Legal Name (<i>First and Last</i>):
GWID:
Major / Field of Study:
Preferred Email Address: (This email address will be used for all outgoing correspondence from Professional Praxis. Make sure it is one you check regularly, and emails from GWSEASPraxis@gwu.edu are not sent to spam.)

3. Job / Internship Information

(Make sure this is correct - this information will be used by ISO for your CPT Authorization)

Company or Organization Name:	
Supervisor's Name:	
Supervisor's Phone Number:	Supervisor's Email:
<u>Site of Activity:</u> <i>(You must provide the full address.)</i>	
Number of Work Hours Per Week: _____ <i>(International Students may work no more than 20 hours per week during the semester)</i>	
Start Date for this semester (MM/DD/YYYY):	End Date for this semester (MM/DD/YYYY):

Learning Objectives

What do you hope to learn from your job or internship experience? Identify skills or knowledge you hope to gain. Be specific.

Learning Activities

Describe how you will achieve the objectives described above. What opportunities will you have at your job or internship to work toward your goals?

Learning Assessment

Describe how you will evaluate the completion of your objectives. How will you demonstrate progress toward your goals? How will you document your accomplishments?

By signing below, I (the student) acknowledge that I have filled out this application carefully, and the information provided is correct to the best of my knowledge. Additionally, I acknowledge the following:

- I must submit the completed Final Packet on or before the deadline for the semester that I am enrolled in Professional Praxis in order to receive a Pass (otherwise, I will receive a No Pass for that semester).
- If I need an extension for the Final Packet, I will contact the administrators of Professional Praxis (via GWSEASPraxis@gwu.edu) to explain my situation **before the deadline**. Any other late submissions will not be counted, and will result in a No Pass grade for that semester.
- I will only be able to drop the course if I do not receive CPT authorization and do not participate in an internship for any length of time. If I need to drop the course, I must contact the administrators of Professional Praxis (via GWSEASPraxis@gwu.edu) **before the Drop Deadline**. Failing to do so may result in a No Pass in the course.
- It is my responsibility to be aware of deadlines, which I can find at **WEBSITE**.

Student's Signature: _____ **Date:** _____

(Handwritten or digital signatures only – script-like fonts are not acceptable)