

# GW CCS Professional Praxis Student Application



Center for  
Career Services

All portions of this form are required. Any incomplete forms will be sent back for correction. Send this form to [ccsproprax@gwu.edu](mailto:ccsproprax@gwu.edu) by the date listed on the [Professional Praxis website](#), 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 [ccsproprax@gwu.edu](mailto:ccsproprax@gwu.edu).

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

Fall      Spring      Summer      Other      \_\_\_\_\_  
(year)

## 2. Student Information

Legal Name <i>(First and Last)</i> :	Preferred Name <i>(Optional)</i> :	
GWID:		
School and Degree Level <b>(check one)</b> :		
CCAS undergraduate	CCAS graduate	CCAS doctoral student
SEAS undergraduate	SEAS graduate	ESIA undergraduate
Major / Field of Study:		
GW Email Address:		
<small>(This email address will be used for all outgoing correspondence from Professional Praxis. Check it regularly, and ensure that emails from <a href="mailto:ccsproprax@gwu.edu">ccsproprax@gwu.edu</a> are not sent to spam.)</small>		

## 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> In-Person      Remote      Hybrid  <small>(You must provide the full address. If your internship is remote, provide the address from which you will be teleworking. If hybrid, both addresses.)</small>	
Number of Work Hours Per Week: _____ <small>(International Students may work no more than 20 hours per week during the fall/spring semesters.)</small>	
Start Date for this semester (MM/DD/YYYY):	End Date for this semester (MM/DD/YYYY):
<small>(Cannot start before first day of classes)</small>	<small>(Cannot end after last day of final exams)</small>

**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 ([ccsproprax@gwu.edu](mailto:ccsproprax@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 ([ccsproprax@gwu.edu](mailto:ccsproprax@gwu.edu)) **before the GW 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 the [Professional Praxis website](#).

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Handwritten or digital signatures only. Typed signatures will not be accepted.)