

LICENSURE VERIFICATION REQUEST FORM

The George Washington University
Department of Teacher Preparation and Special Education
Special Education – Learning Disabilities

THIS IS NOT THE DC LICENSE APPLICATION! PLEASE REQUEST ONE BE MAILED TO YOUR HOME BY EMAILING ole@gwu.edu, OR YOU MAY PICK ONE UP FROM OUR OFFICE – GSEHD BUILDING # 401

This form verifies the completion of a state-approved program in an NCATE-accredited teacher unit at The George Washington University. Students requesting licensure verification must have completed the core licensure course work listed below and have completed any content area deficiencies identified in their program of study. **This form is used only for those who are applying for licensure in a state that requires an accreditation clause on your transcript prior to graduation (it is automatically applied when you graduate); or, if you are simply completing the licensure coursework for your content area and not obtaining a full degree.**

Please fill out this form completely and attach any necessary supporting documents.

Name: _____ SS#: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

GWU Program (i.e. Delta, etc): _____

Content Area(s): _____ Advisor: _____

I. Program of Study

Attach a copy of your GWU program of study. Indicate the semesters in which required courses were completed for secondary teacher licensure.

II. Content Area Deficiencies

Indicate when you completed any content area deficiencies specified in your program plan. In addition to completion of the above courses, you must verify completion of any content area deficiencies in your program of study. Please list these deficiencies here:

To verify completion of content area deficiencies, attach copies of all transcripts indicating fulfillment of these requirements. Also, verify that copies of these official transcripts are on file with the Office of the Dean.

III. Core Licensure Course Work - As Specified in Program Plan
Please attach of your GW transcripts so that completion of these courses can be verified.

Courses required for Special Education Teacher Licensure			
<i>Course #</i>	<i>Title</i>	<i>Credit Hours</i>	<i>Semester/Year</i>
SPED 222	Legal Issues/Public Policy-Indv Disabilities	3	_____
TRED 226	Diagnostic Teaching of Reading	3	_____
SPED 231	Trans/Secondary SPED Methods	3	_____
SPED 233	Curriculum – Transitional SPED	3	_____
SPED 236	Introductions to Vocational & Transition Serv.	3	_____
SPED 237	Learning Strategies, Assessment, Instruction	3	_____
SPED 238	Issues – Educating Individuals w/ LD	3	_____
SPED 239	School Consultation for Professionals	3	_____
SPED 260/280	Developmental Assessment – SPED	3	_____
SPED 290	Affective Dev/Behavior Mgt	3	_____
SPED 296	Teaching Internship – Trans SPED	6	_____

IV. The Praxis examination must be taken for program completion. Please attach a copy of your scores – Praxis I and II scores for the tests required in DC.

V. Signatures

When you have filled out this form and attached the necessary documentation, you will need to obtain your academic advisor’s signature. Then, turn this form into the Office of Laboratory Experiences for processing. Once the process is complete, the form will be mailed to the student.

I hereby verify that I have completed the licensure requirements of my George Washington University Special Education Program.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Registrar Signature: _____ Date: _____