

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 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.

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 (check one) :			
CCAS undergraduate	CCAS graduate	CCAS doctoral student	
SEAS undergraduate	SEAS graduate	ESIA undergraduate	
Major / Field of Study:			
GW Email Address:			
(This email address will be used for all outgoing correspondence from Professional Praxis. Check it regularly, and ensure that emails from ccsproprax@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> In-Person Remote Hybrid	
<i>(You must provide the full address. If your internship is remote, provide the address from which you will be teleworking. If hybrid, both addresses.)</i>	
Number of Work Hours Per Week: _____ (International Students may work no more than 20 hours per week during the fall/spring semesters.)	
Start Date for this semester (MM/DD/YYYY):	End Date for this semester (MM/DD/YYYY):
(Cannot start before first day of classes)	(Cannot end after last day of final exams)

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 (ccspropfax@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 (ccspropfax@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: _____

Yanxi Li

Date: _____

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