



Division of Advanced Teacher Development and International Education
4400 University Dr. Thompson Hall, Suite 2500,
MS; 1E8, Fairfax, VA 22030
Phone: 703-993-2794; Fax: 703-993-5771

**TCLDEL Program
Elementary K – 6
On-The-Job Internship Application
For International Placement**

Please fill in all areas of the application form completely. Completed applications must be submitted to the Fieldwork Coordinator, Leslie Silkworth, lsilkwor@gmu.edu, by the deadlines below.

**Deadlines: Applications for fall placement must be received by February 15th
Applications for spring placement must be received by September 15th**

Name: _____ Academic Year: _____

Address: _____ Phone Number: _____

G# _____ Email: _____

Application Requirements:

- All endorsement coursework (i.e., content courses) must be completed, with all transcripts submitted to Mason and approved, prior to beginning EDCI 790.
- All official and passing test scores (i.e., VCLA, Praxis Core, Praxis II and VRE) must also be submitted and in the Mason system (i.e. Banner/Patriot Web) prior to beginning EDCI 790.
- All licensure coursework must be completed, with passing grades posted on transcripts, by the end of the semester prior to beginning EDCI 790. **All students who wish to take EDCI 790 in the spring must make arrangements with their instructors from Summer Session II and Summer Session III to have all PBAs and fieldwork logs/evaluations submitted in order to have their work evaluated and grades posted by the end of the fall semester prior.**
- The First Aid/CPR/AED requirement must be completed prior to beginning EDCI 790. Visit <http://cehd.gmu.edu/teacher/emergency-first-aid> for instructions.

On-The-Job School Information:

School's Name: _____

Country/Address: _____

Principal or Head of School: _____

Email: _____ Phone Number: _____

School Accrediting Agency _____



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On-Site Supervisor's Information:

On-Site Supervisor: _____
 Highest Degree Earned: _____ Institution: _____
 Teaching License Held: _____ State: _____ Years of Experience: _____
 Phone: _____ Email: _____

Intern Information:

Title of Full-Time Internship Position: _____

In addition, the On-Site Supervisor and Principal must sign below confirming that they understand the student teaching requirements and are willing to let the student complete these requirements at their school.

Permission Form for Completion of Elementary OTJ Internship

The On-Site Supervisor and I understand and are willing to comply with the Elementary Education On-the-Job Internship requirements of George Mason University. We are willing to allow the teacher candidate _____ (name of student) to complete the internship during the _____ academic year. The On-Site Supervisor and I will periodically evaluate the teacher candidate's progress as an elementary teacher using the "Internship Evaluation Form for TCLDEL Elementary Candidates," support the candidate in videotaping his or her teaching as required, and will work with the candidate to sign and certify Logs of Hours and other documentation paperwork required for the On-the-Job Internship.

Principal's Signature: _____

Email: _____ Phone: _____

On-Site Supervisor's Signature: _____

Phone Number: _____ Email: _____