FAST TRAIN Programs
Center for International Education
4260 Chain Bridge Rd, MS; 1E8, Fairfax, VA 22030
Phone: 703-993-2794; Fax: 703-246-8996

FAST TRAIN Departmental Form
SPECIAL EDUCATION CERTIFICATE PROGRAMS

IMPORTANT: PLEASE PRINT OR TYPE THE INFORMATION BELOW

Last Name	First Name	Maiden Name	Other

Social Security #: - -

On-line Confirmation#:

Street Address	City	State	Zip Code	Country

Best way to Contact (Please Check ALL that Apply AND include Country/Area code)

☐Home Phone:
☐Cell Phone:
☐Fax:
☐E-mail:
☐Work Phone:
(Required)

Citizenship: ☐US Citizen ☐Permanent Resident ☐Others (Please Specify)
☐Diplomatic (A) or Business (G);
☐Student (F or J); ☐Other:

a. For all visa types: Issue Date:__/__/____; Expiration Date:__/__/____
MM/DD/YYYY MM/DD/YYYY

b. For all non-US citizens: Country of Citizenship:
Country of Residence:

Term/Semester you are Applying For

☐Summer (Please fill Part I)
☐Fall (Please fill Part II)
☐Spring (Please fill Part III)

PART I (Summer)	☐EDSE 540-3 Credits (Characteristics of Students with ED/LD) ☐EDSE 502-3 Credits (Classroom Management and Applied Behavior Analysis)
PART II (Fall)	☐EDSE 627-3 Credits (Psycho-Educational Assessment)
PART III (Spring)	☐EDSE 501-3 Credits (Introduction to Special Education) ☐EDSE 662-3 Credits (Consultation and Collaboration)

Do you currently hold a teacher's license?
☐Yes, What area?
☐No

Are you currently employed at an international school?
☐Yes, Name of the school:
Location:
Current Position:
☐No