<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

Student Identification Number  

**To be completed by building principal or evaluator:**

Based on the attached two professional evaluations, I am requesting that George Mason University waive one of the two-credit hour internship requirements as part of the licensure program for __________________________. He/She has successfully taught for two or more years at the __________________________level in the following disability area(s) ____________________________.

Signature_________________________

Building Principal or Evaluator

Created January 6, 2005