

COLLEGE OF EDUCATION
UNIVERSITY OF OKLAHOMA
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

SPECIAL EDUCATION
APPLICATION FOR ADMISSION TO M.ED. PROGRAM

A. General Information: *(Please type or print)*

Name _____ Male Female

Home Phone _____ Work Phone _____ Email Address: _____

Date of Birth _____ Birthplace _____

Social Security Number _____

Mailing Address for Reply _____

Permanent Address _____

Ethnic Background (Optional):

- _____ Caucasian
- _____ African-American
- _____ American Indian
- _____ Hispanic
- _____ Asian
- _____ Other

Colleges and universities attended (include any graduate work or professional training). Begin with most recent. Use the back of the last sheet if more space is needed.

<u>Institution</u>	<u>Dates Attended</u>	<u>Degree Rec'd</u>	<u>Major /Minor</u>	<u>GPA</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

B. Professional Interests:

1. I expect to complete this program by attending (check all those which apply)
(1) full-time _____; (2) part-time _____; (3) summer terms _____
(4) transferring some work _____.
2. Based on your current thinking, which work setting(s) seem most appropriate to your occupational objectives?

_____ Secondary School _____ School Administration
_____ Community College _____ Other
_____ Elementary School Specify _____
_____ College or University

C. Background Experience

1. Do you now hold a valid Oklahoma Teaching Certificate? Yes No
2. Do you hold a teaching certificate from another state? Yes No

What state? _____

3. Please indicate the certificate(s) you possess _____

4. How many years experience do you have in the following education areas:

a. Teaching in Elementary School _____ Grade(s) or Areas _____

b. Teaching in High School _____ Subject(s) or Areas _____

c. Administration: Elementary School _____ Secondary School _____
Nature of Responsibilities: _____

d. College: Nature of Responsibilities _____

e. Other education-related positions (please specify) _____

5. Beginning with your most recent employment, supply the following information: Be sure to account for any gaps in employment.

Dates of employment: _____ Title: _____

Name and address of employer: _____

Description of your work: _____

Reason for leaving: _____

Dates of employment: _____ Title: _____

Name and address of employer: _____

Description of your work: _____

Reason for leaving: _____

Dates of employment: _____ Title: _____

Name and address of employer: _____

Description of your work: _____

Reason for leaving: _____

Please add pages as necessary.

D. Outside activities and interests:

1. I now belong to or have belonged to the following professional or honorary organizations:

Organization and role (offices held, etc.)	Years of membership
a. _____	from _____ to _____
b. _____	from _____ to _____
c. _____	from _____ to _____

2. Other organizations not covered in the above.

3. Volunteer work, part time jobs, or experience which may be relevant:

4. Describe your experience with individuals with disabilities:

E. Statement

Supply (on an attached sheet) a statement regarding your interest in special education with the following points as the basis for your statement: when and why you decided you wanted to study and work in Special Education; subsequent considerations or developments that have held your interest in the field; your strongest assets; why you feel you would be successful; present limitations or weaknesses and conditions you feel that might cause difficulties in your graduate work or professional activities. Add sheets as necessary.

NOTE: This statement is essential. Your application is not complete without it.

F. In order to help us evaluate our recruiting efforts, please indicate how you came to know about our program.

1. _____ Contact with faculty.
2. _____ Announcements made in some other class.
3. _____ From friends or acquaintances.
4. _____ Mail-out letters or brochures.
5. _____ University recruiters.
6. _____ Other: _____

G. For reporting purposes only, please indicate if you are now or have ever been a recipient of any higher education scholarship, fellowship etc. (eg: McNair Scholar)

H. Please indicate whether you intend to earn the master's degree or complete only the 9 credit hours required for certification (TE+) at this time.

TE+ ONLY MASTER'S DEGREE

I. I understand that there is no self-advising in the program and, if admitted, I agree to read the Graduate Bulletin, and see my advisor in person prior to my initial enrollment.

Date

Signature

**PLEASE RETURN THIS APPLICATION TO:
APPLICATIONS OFFICER
EDUCATIONAL PSYCHOLOGY DEPARTMENT
COLLINGS HALL, ROOM 321
820 VAN VLEET OVAL
NORMAN, OK 73019-2041**