

COLLEGE OF EDUCATION  
UNIVERSITY OF OKLAHOMA  
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

**SPECIAL EDUCATION**  
**APPLICATION FOR ADMISSION TO THE PH.D. 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 the 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 coursework from another program \_\_\_\_.
2. Based on your current thinking, which work setting(s) seem most appropriate to your occupational objectives?

\_\_\_\_ Secondary School                      \_\_\_\_ School Administration  
\_\_\_\_ Community College                      \_\_\_\_ Elementary School  
\_\_\_\_ College or University                      \_\_\_\_ Other \_\_\_\_\_

**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 educational areas:
- a. Working directly with persons with disabilities \_\_\_\_\_
  - b. Teaching in Elementary School \_\_\_\_ Grade(s) or Areas \_\_\_\_\_
  - c. Teaching in High School \_\_\_\_ Subject(s) or Areas \_\_\_\_\_
  - d. Administration: Elementary School \_\_\_\_ Secondary School \_\_\_\_  
Nature of Responsibilities: \_\_\_\_\_
  - e. College: Nature of Responsibilities \_\_\_\_\_
  - f. 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. *Please add pages as necessary.*

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: \_\_\_\_\_

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**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.

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

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4. Describe your experience with individuals with disabilities:

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**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. References**

Provide three (3) letters of reference from individuals who can describe and discuss your knowledge, skills, and qualifications to pursue graduate study at the doctoral level and in the field of special education. Ideally, there are professionals in the field of higher education, special education, K-12 education, and/or disability-related services. If you hold a recently awarded degree, try and include at least one faculty member from your degree program.

**G. Financial assistance from the college, department, or program.**

1. Are you interested in receiving a graduate student assistantship?  Yes  No.
2. What OU undergraduate courses in special education do you think you could successfully teach?  
\_\_\_\_\_  
\_\_\_\_\_
3. With an assistantship, would you consider attending OU as a full-time student?  Yes  No.

*NOTE: Admission to the special education program is separate from any consideration to offer financial assistance. Your desire for financial assistance, or whether you intend to be a full-time or part-time student, will not affect the admission committee's evaluation of your application.*

**H. 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: \_\_\_\_\_

**I. 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)**

\_\_\_\_\_

**J. 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**