DEPARTMENT OF SPECIAL EDUCATION AND LITERACY STUDIES

Masters Degree in Special Education Program Application

Name: Mr. Mrs. Ms. _____
Last First Middle Init.

WIN: _____

1. Program Requested:

☐ ***Clinical Teacher Program, SPCM*** **(**first endorsement in special education)
(requires teaching certificate)

Endorsement you will be pursuing: ☐ EI ☐ CI ☐ LD

☐ ***Master Teacher Program, SPMM***
(requires teaching certificate and at least one endorsement in special education)

Will you be pursuing an additional special education endorsement? ☐ yes ☐ no

If yes, in which areas? ☐ EI ☐ CI ☐ LD

☐ ***Special Education Administration Program, SPDM***
(requires teaching certificate and at least one endorsement in special education)

Which approval will you be pursuing ☐ Supervisor ☐ Director

2. Teaching Certificate(s) Held:

☐ Elementary ☐ Secondary ☐ Other

From what state?

3. Special Education Endorsement(s) Currently Held (please list)

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4. Please submit the following documents in addition to this application form, to the Department of Special Education Literacy Studies, Special Education Program:

a. Copy of current teaching certificate(s)/endorsement(s)
b. Current resume
c. Written statement describing prior special education experience and future professional goals (no more than two typewritten, double-spaced pages)
d. Two reference forms (in sealed envelopes) completed by persons who are able to judge your potential to succeed in a graduate program

Submit materials to: Western Michigan University
Department of Special Education and Literacy Studies
1903 W. Michigan Avenue
Kalamazoo, Michigan 49008-5258
(269) 387-5935

Application materials may also be hand delivered to Room 3506 Sangren Hall

APPLICATIONS ARE REVIEWED WHEN STUDENT'S FILE IS COMPLETE.