



APPLICATION FOR MATRICULATION
TO THE MASTER OF SCIENCE IN EDUCATION PROGRAM

Name _____ Student ID#: _____
(Last) (First)

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Faculty Advisor: _____ Date _____

Program: Special Education Grades 1-6 Special Education Grades 7-12
Special Education w/Autism 1-6 Special Education w/Autism 7-12
Literacy Education Grades B-6 Literacy Education 5-12
Educational Leadership

Courses Completed (12credits):

Course Number	Course Number	Course Number
GED 3101	GESP 5004	GED 7501
GED 3102	GESP 5005	GED 7503
GED _____	GESP 5101	GED 7504
GED _____	GESP 5102	GED 7505

Completion of one of the following courses:
Special Education & Literacy: Cognition and Instruction
Educational Leadership

Faculty Reference and Survey of Dispositions **Form #7 (Beige form)** from a School of Education faculty member. Request the faculty member to submit to the Graduate Education Office after completing.

Application Deadline-application should be filed no later than the **last day of the semester that you complete 12 credits. Submit to the Graduate Education Office (Borelli 103)**