

**UNIVERSITY OF UTAH
APPLICATION FOR ADMISSION TO
THE MASTERS/LICENSURE PROGRAM
IN THE DEPARTMENT OF SPECIAL EDUCATION
SALT LAKE CITY, UTAH 84112**

Date of Application _____

For Academic Semester and Year: Fall___ Spr___ Sum___ Year_____

1. **Name** _____ **ID#** _____

2. **Current Address** _____ **Home Phone** () _____
(Number and Street) **Work Phone** () _____

(City) (State) (Zip)

3. **Permanent Address** _____ **Phone** () _____
(Number and Street)

(City) (State) (Zip)

E-Mail Address _____

4. **Are you a legal resident of the State of Utah?** Yes___ No___

5. **Master's Degree Sought**
(Choose one)

- A. ___ Masters of Education with Licensure
- B. ___ Masters of Science with Licensure
- C. ___ Masters of Education without Licensure
- D. ___ Masters of Science without Licensure

6. **Master/Licensure program entry level:**

- A. ___ Track I (has no current teaching license in any area)
- ___ Track II (has current teaching license in _____ area)

B. Area of emphasis in Master's degree (with licensure)

___ Mild/Moderate

___ Severe

___ Early Childhood (birth through five)

___ Hearing Impairment ___ 0-5 ___ K-12

___ Visual Impairment ___ 0-5 ___ K-12

**Educational Background: List below all colleges currently and previously attended:
(most recent listed first)**

College/University	Location	Date of Attendance From To	Degree

Awards, Honors, and Professional Affiliations:

Employment Record (most recent listed first): Are you currently employed? Yes ___ No ___

Employer Name and Address	Employment Date From To	Title	Duties

References:

List below the names of at least (3) persons who know your academic ability and teaching potential. Please include your most recent supervisor, if applicable. References who are relatives are not acceptable. Send to each of your recommenders one of the enclosed evaluation forms. Your references may be contacted by the Special Education Department.

1. _____ **Relationship to You** _____

Position _____ **Organization** _____

Address

Phone Number _____

2. _____ **Relationship to You** _____

Position _____ **Organization** _____

Address

Phone Number _____

3. _____ **Relationship to You** _____

Position _____ **Organization** _____

Address

Phone Number _____

BACKGROUND CHECK FOR INITIAL Licensure: By legislative mandate, applicants for teaching licenses in Utah are required to have had a background check including fingerprinting. For further information, contact the Education Advising Center, 226 Milton Bennion Hall, or the Utah State Office of Education, 250 East 500 South, Salt Lake City, UT 84111, (801) 538-7741, Attn: Coordinator, Licensure Personnel Development.

CRIMINAL CONVICTION: Teacher licensure by the state of Utah may be denied because of a previous criminal conviction. You may wish to contact the Associate Dean for Professional Education of the Graduate School of Education before proceeding with your program in teacher

education if you have questions about your status. The Utah Professional Practices Advisory Committee, c/o Executive Secretary, State Office of Education, 250 East 500 South, Salt Lake City, Utah 84111 reviews all such cases.

ATTESTATION CLAUSE: Have you ever been dismissed or otherwise terminated from any post-secondary educational institution or academic program, or have you been convicted of a felony offense, or have you had a professional license, license, degree, or similar credential revoked, suspended, or restricted in any way?

YES NO

If you answered yes, please enclose complete information along with this application regarding all details and circumstances of the incident(s).

I hereby certify that the information contained in this application and supporting documents is true and accurately discloses all matters requested. I will report any significant changes that occur in this information while the Department of Special Education is considering my application. I understand that any omissions, misrepresentations, or inaccuracies in this application constitute cause for denial of my admission to and subsequent matriculation in the Department of Special Education.

Signature

Date

Equal Opportunity Statement:

The Department of Special Education is committed to policies of equal opportunity and affirmative action and prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age or status as a Vietnam Veteran, disabled veteran or person with a disability. The Department of Special Education seeks to provide equal access to its programs, services and activities for people with disabilities. Reasonable prior notice is needed to arrange accommodations. Evidence of practice not consistent with these policies should be reported to the Office of Equal Opportunity and Affirmative Action, 581-8365.

**Return all materials to:
University of Utah
Department of Special Education
Academic Advisor
1705 East Campus Center Drive, 221 MBH
Salt Lake City, UT 84112-9253**

Your response to each of the following questions is optional, and you may send this page separately from your application materials.

Date of Birth: _____

Gender: Female _____ Male _____

Disability: Yes _____ No _____

Primary/Native Language: _____

Veteran Status: _____

Ethnic Origin:

- _____ Caucasian
- _____ Black or African American
- _____ Hispanic or Latino
- _____ Asian/Pacific Islander
- _____ Native American/
Alaskan Native
- _____ Multi-racial