

**UNIVERSITY OF UTAH  
 APPLICATION FOR ADMISSION TO  
 THE UNDERGRADUATE TEACHER EDUCATION PROGRAM  
 IN THE DEPARTMENT OF SPECIAL EDUCATION  
 SALT LAKE CITY, UTAH 84112**

**Date of Application** \_\_\_\_\_

**For Academic Semester and Year:** Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Year \_\_\_\_

1. **Name** \_\_\_\_\_

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

(City) (State) (Zip)

3. **Permanent Address** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_  
 (Number and Street)

(City) (State) (Zip)

4. **E-MAIL ADDRESS:** \_\_\_\_\_

5. Are you a legal resident of the State of Utah? Yes \_\_\_\_ No \_\_\_\_

6. Area of emphasis in Bachelor's program:

- \_\_\_\_\_ Mild/Moderate
- \_\_\_\_\_ Severe
- \_\_\_\_\_ Early childhood (birth through five)
- \_\_\_\_\_ Hearing Impairment \_\_\_\_\_ 0-5 \_\_\_\_\_ K-12
- \_\_\_\_\_ Visual Impairment \_\_\_\_\_ 0-5 \_\_\_\_\_ K-12

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

College / University	Location	Date of Attendance From                      To	Degree

**Awards, Honors, and Professional affiliations, if any:**

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**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 experience with children, academic ability, and professional competencies. Please include your most recent supervisor, if applicable. 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 Special Education Department, 221 Milton Bennion Hall, or the Utah State Office of Education, 250 East 500 South, Salt Lake City, Utah 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 must 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 certificate, 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 here by 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.

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Signature

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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  
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 you 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