

Application Form

Semester in which you are applying: _____

Last Name First Name MI

Mailing Address City State Zip Code

() - _____

Best daytime number to reach you Primary Email Address

Application Objective: *Please check boxes to indicate which programs you are applying to:*

Mild to Moderate Disabilities

- Preliminary Education Specialist Teaching Credential
- Preliminary Education Specialist Teaching Credential: Applicants who hold a Clear Single or Multiple Subject Credential

Moderate to Severe Disabilities

- Preliminary Education Specialist Teaching Credential
- Preliminary Education Specialist Teaching Credential: Applicants who hold a Clear Single or Multiple Subject Credential

Early Childhood Special Education

- Preliminary Education Specialist Teaching Credential
- Added Authorization in Early Childhood Special Education

Master of Arts

- Master of Arts in Education, emphasis in Special Education

Certification

- Certificate in Theory, Knowledge, and Practice about Autism Spectrum Disorders

Department of Special Education

Connie L. Lurie College of Education

Sweeney Hall 204

(408)924-3700

Education Specialist Credential Program Applicants

Are you interested in becoming an Intern? Yes _____ No _____

If yes, do you have a job offer? Yes _____ No _____

Please select the program that reflects your position: MM MS ECSE

Subject Matter Competency: Indicate how you met this requirement. Please be sure to submit passing scores for each section of the CSET. Single Subject areas approved by the CTC: Art, English, Foreign Language, Mathematics including foundational-level mathematics, music, social science, or science including foundational-level general science and specialized science.

Multiple Subject CSET

Date Passed: _____

Date Passed: _____

Date Passed: _____

Single Subject CSET (Subject: _____)

Date Passed: _____

Date Passed: _____

Date Passed: _____

Child Development Courses (ECSE Only) – 9 Units

Course: _____

Course: _____

Course: _____

Base Credential (Single or Multiple Subject: _____)

Expiration Date: _____

Master of Arts in Education, Emphasis in Special Education

Please be advised that all applicants are required to pass either the Graduate Record Exam (GRE) or the Department of Special Education MA Writing Assessment.

Graduate Record Exam: Analytical Writing Section

Score: _____

MA Writing Assessment

Date that the exam was taken: _____

I, hereby, certify that the above documents submitted are correct to the best of my knowledge. I, understand, submitting false information can disqualify me from the program.

Name (printed)

Signature

Date