

University of Wisconsin-La Crosse

Graduate Cross-Categorical Special Education

Required Application Document

Application Form

Part A: Contact Information

Name: _____ UWL ID# _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work email _____

Work Phone () _____ Other _____

Part B: Prior Education

List all graduate and undergraduate institutions and dates of attendance.

Institution	Degree	Dates	Major	Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part C: Program Track (see key below for explanation of initials)

Identify the program track (I or II) that is appropriate for you.

I. Initial Certification (no previous teacher education program completed)

_____ Master of Science in Education degree with certification

Circle your choice for each of the following:

A) Emphasis area: CD EBD SLD

B) Developmental Age Range: MC-EA EA-A

OR

II. Add-on Certification (must be eligible for or hold a WI teaching license)

_____ With Master's Degree

_____ Without Master's Degree

Circle your choice for each of the following:

A) Emphasis area: CD EBD SLD

B) Developmental Age Range: MC-EA EA-A

Key

MC-EA	Middle Childhood-Early Adolescence (approximately grades 1-9)
EA-A	Early Adolescence- Adolescence (approximately grades 6-12)
CD	Cognitive Disabilities
EBD	Emotional/Behavioral Disabilities
SLD	Specific Learning Disabilities

Part D: Current Teaching License(s) (if applicable)

List below all teaching licenses held **and** provide a copy of licenses.

Part E: Professional Teaching Experience (if applicable)

List your three most recent teaching positions:

Employer _____ From _____ to _____

Phone number _____ Position _____

Employer _____ From _____ to _____

Phone number _____ Position _____

Employer _____ From _____ to _____

Phone number _____ Position _____

Part G: Letters of Recommendation

List the names and contact information for three people from whom you will request letters of recommendation. They should be well acquainted with your professional achievements and your work with children. Select individuals (not relatives) who can address your potential to complete graduate level coursework and/or your work as a teacher. Provide each reference with a copy of the Letter of Recommendation Form.

Reference 1

Name: _____ Position: _____

Affiliation: _____

Reference 2

Name: _____ Position: _____

Affiliation: _____

Reference 3

Name: _____ Position: _____

Affiliation: _____

Part H: Statement of Purpose (see guidelines). Provide a brief statement that describes your interest and goals within the field of special education. Also include a rationale for your goal completion at UW-L within the Graduate Special Education Program.

Return ALL SPE Program application materials to:

Dr. Carol Angell, UW-L, 300A Morris Hall, 1725 State Street, La Crosse, WI 54601 or

angell.caro@uwlax.edu, Questions regarding admission to the Graduate Special Education Program may also be directed to Dr. Angell at 608-785-8135.