SIUe

School of Education
Department of Curriculum and Instruction
Application for Graduate Admission

Date:	Application Term: (please check) ☐ Fall ☐ Spr ☐ Sum 20_____	
Last Name	First Name	SIUE Student ID Number
Present Address		
City	State	ZIP Code
Telephone Home:	Work:	Cell:
Email	Alternate Email	
List other last names you may have used on credentials:		

Please check one box next to the Graduate Program to which you are applying:

☐ MSED Curriculum and Instruction	☐ MSED Secondary Education (6-12)* Content Area: _____
☐ MSED Literacy Education (Reading Specialist)	☐ Post Masters Certification in Literacy Education (K-12 Reading Specialist Certificate)

Are you seeking subsequent certification in Early Childhood? ☐ Yes ☐ No

List current teaching certificates and dates:

Current Teaching Position	School Name	Grade	District	Dates

On a separate page, provide your teaching experience and professional goals, describing your reasons for pursuing a graduate degree in Education.

Signature	Date

Mail to: SIUE
Admissions
Box 1047
Edwardsville, IL 62026-1122

Attn: Shauna Lehman

01/05/2012