



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
Permanent Address					
City			State		ZIP Code
Telephone Home:		Work:		Cell:	
Email			Alternate Email		
List other last names you may have used on credentials:					
Please check the box next to the Education Graduate Program area to which you are applying: (*Teacher certification is required) (**Master's Degree Required)					
Curriculum and Instruction* Early Childhood Elementary Education Secondary Education Subject Area(s) of interest: _____		Subsequent Certificate:		List current teaching certificates and dates:	
Literacy* (Reading Specialist)		Elementary			
Literacy** (Post-Masters Certification)		Early Childhood			
Secondary*		Secondary			
Master of Arts in Teaching (Initial Certification in Secondary Education)					
Teaching Experience:		Position		Dates	
Current Position		School Name		Grade	District
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: Department of Curriculum and Instruction, Southern Illinois University Edwardsville, Box 1122, Edwardsville, IL 62026-1122.
Attn: Janet Hupp for Curriculum and Instruction or Literacy
Attn: Michele Bensa for Secondary or Master of Art in Teaching