



School of Education / Department of Curriculum and Instruction
Application for Admission
Master of Arts in Teaching Degree Program

Social Security Number _____ Summer term for which you are applying **20**_____

Name in full _____

Address _____

City, State, Zip _____

Telephone (Home) (_____) _____ Cell (_____) _____

Telephone (Work) (_____) _____ E-mail _____

EDUCATION:

INSTITUTION	DEGREE	MAJOR	MINOR	DATE COMPLETED

WORK EXPERIENCE:

PLACE OF EMPLOYMENT	JOB DESCRIPTION	ROLES & RESPONSIBILITIES	YEARS OF EMPLOYMENT

EXPERIENCE WORKING WITH YOUTH:

POSITION	JOB DESCRIPTION	ROLES & RESPONSIBILITIES	YEARS OF SERVICE

ADDITIONAL INFORMATION

Note: Please use the back of this form or additional sheets of paper to briefly share information such as your professional development goals, goals for entering the Master of Arts in Teaching Degree Program, or personal experiences that directly relate to your decision to become a teacher.

Please return this completed application to: SIUE, Department of Curriculum and Instruction, Box 1122, Edwardsville, IL 62026
 (Attn: Michele Bensa, Secondary Education).

SIGNATURE OF APPLICANT _____ DATE _____