

UNIVERSITY OF ALASKA ANCHORAGE

College of Education



Department of Counseling & Special Education

3211 Providence Drive, PSB225, Anchorage, Alaska 99508-4614
907.786.6317 ■ 888.822.8973 ■ fax: 907.786.4474 ■ e-mail: case@uaa.alaska.edu

APPLICATION FOR ADMISSION
Special Education Programs

School Year _____ - _____

Students must also apply to the University (and pay the fees) using the Graduate Application form found at http://coe.uaa.alaska.edu/programs/counseling/forms/index.cfm in the 'common forms' section or at http://uaonline.alaska.edu/.

UAA Application Deadlines: July 1 for fall, May 1 for summer, and November 1 for spring. Return application and supporting materials to UAA College of Education at above address

Form with fields for Name, Student ID #, Address (Street, City, State, Zip), Fax, Home Phone, Work Phone, Cell Phone, and Email address.

Program Goal:

- Graduate Certificate in Special Education (endorsement only)
NOTE: If you have completed the Graduate Certificate in Special Education and now wish to pursue the M.Ed. in Special Education use the application form titled: "M.Ed. in Special Education Form" located on our website at http://coe.uaa.alaska.edu/programs/counseling/forms/index.cfm.
Master of Education Early Childhood Special Education
(The M.Ed. in Early Childhood Special Education can lead to a preschool teaching certificate)

Admission Requirements:

Graduate Certificate

- Teaching certificate
(3) current professional recommendation/teaching evaluations

Early Childhood Special Education

- (3) current professional recommendations/teaching evaluations (at least 2 from supervisors)

Currently held teaching credential:

Attach a copy of your current teaching credential to this application

Form with checkboxes and lines for Elementary, Secondary, and Other teaching credentials, including emphasis and expiration date fields.

Applicant: _____ Student ID #: _____

Teaching Experience or Related Professional Experience:

Note: Record experiences for past 5 years minimum and attach additional sheets if necessary. "Applicant Recommendation Forms" must document most recent contract experience(s).

Position #1 * (Most Recent First)

Role/Subjects _____

District Name/Location _____

Supervisor's Name _____ Phone _____

Date of Employment _____

Position #2

Role/Subjects _____

District Name/Location _____

Supervisor's Name _____ Phone _____

Date of Employment _____

Position #3

Role/Subjects _____

District Name/Location _____

Supervisor's Name _____ Phone _____

Date of Employment _____

Experiences with Individuals who have a Disability:

Please describe your experiences with persons with disabilities. Use an additional sheet if necessary.

Goal Statement:

Please write a brief statement about why you are applying to the program and what you intend to do when you finish. Use an additional sheet if necessary.

Applicant's Signature _____ Date: _____