Please return this form.

Application Deadlines:
PH.D. – DECEMBER 1.

Application for: Fall Semester 20___

Ms. ______
Mrs. ______
Miss ______
Mr. ______

Last Name First Name Middle

PID (if previous MSU student) Birth Date

E-mail Address:

Permanent mailing address:

Phone (include international code)

Day:

Evening:

FAX:

Temporary (current) mailing address:

Phone:

Day:

Evening:

FAX:

Last Date to receive mail at this address:

Program for which you are applying:

Special Education

X Ph.D.

Continued on next page
PLEASE RETURN THIS FORM

Graduate Record Examination (GRE) – Date taken or planned: ________________________________

Scores: Verbal _______ Quantitative _______ Analytical _______

TOEFL Score (Total) _______ (THIS IS A REQUIREMENT FOR INTERNATIONAL STUDENTS)

Do you have teaching experience? Yes ______ No ______

Fill in years & level: K-12 ______ community college/2 year ______ 4 year Institution ______

Degrees earned (or in progress)

<table>
<thead>
<tr>
<th>Institution and location</th>
<th>Degree</th>
<th>Field of Study-Major/Minor</th>
<th>Date earned/expected</th>
</tr>
</thead>
</table>

Undergraduate GPA last 2 years: __________ Overall Undergraduate GPA: __________ Overall Graduate GPA: __________

Signature: ______________________________________ Date: ____________________

MSU is an affirmative-action, equal-opportunity institution
APPLICATION PROCEDURES FOR GRADUATE SCHOOL ADMISSION

Special Education

Application Deadlines:
PH.D. – DECEMBER 1.

THE FOLLOWING INFORMATION IS REQUIRED:
(please use this as a personal checklist)

___ University Admissions Application
    Application Fee: $50.00

___ Departmental Application

___ Statement of Goals
    Statement Format is on the website

___ Two (2) official copies of transcripts
    from all previous institutions attended. These must be sent directly from the institution; please contact the Registrar’s Office at the institutions you attended for appropriate procedures and fee information.

___ Three Letters of Recommendation
    Must be submitted on letterhead stationery of recommender’s school or company.

___ Graduate Record Examination
    Information on testing may be obtained from the:
    MSU Counseling Center
    Testing Office
    207 Student Services Building
    East Lansing, 517-355-8385

___ Vita or Resume
    List professional experience, awards, honors, publications, presentations, professional affiliations, and professional development activities.

___ Writing Sample
    A writing sample is required for all Ph.D. and Ed.S. programs.

PLEASE SEND ALL APPLICATION MATERIALS TO:

Missy Davis, Program Secretary
CEPSE
Michigan State University
335 Erickson Hall
East Lansing, MI 48824-1034 USA
davisme@msu.edu

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