

Western Oregon University

Information Technology

Master of Science in Education - Program Application - Division of Teacher Education

Name: _____ V# _____

Address: _____
Street/mailling address city state zip code

Phone: _____ E-mail: _____

Bachelor's Degree Information: _____
Institution attended

Degree attained date degree obtained undergraduate GPA

<p>If you are currently what Oregon Teaching License do you hold?</p> <p>(mark all that apply):</p> <p><input type="checkbox"/> Initial Early Childhood</p> <p><input type="checkbox"/> Initial Elementary</p> <p><input type="checkbox"/> Initial Middle Level</p> <p><input type="checkbox"/> Initial High School</p> <p><input type="checkbox"/> Basic Elementary (Prior to January 1999)</p> <p><input type="checkbox"/> Basic Secondary (Prior to January 1999)</p> <p>Details on your current teaching position:</p> <p>Endorsement(s): _____</p> <p>Authorization(s): _____</p> <p>School District: _____</p> <p>School: _____</p>	<p>Course Delivery questions:</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you hope to take classes during regular summer session?</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you plan to participate in the Summer Institute – Summer 2009</p> <p><input type="checkbox"/> <input type="checkbox"/> During Terms (Fall, Win, Spr) are you willing & able to take classes on campus from 4:30 to 7:15 pm?</p> <p><input type="checkbox"/> <input type="checkbox"/> During Terms (Fall, Win, Spr) are you willing & able to take hybrid classes – online with one or two weekends on campus (Fri eve.– Sat on campus)</p> <p>Graduate Exams:</p> <p><input type="checkbox"/> Miller Analogy Test _____ Score received Date</p> <p><input type="checkbox"/> Graduate Record Exam _____ Score received Date</p> <p><input type="checkbox"/> Waived by GPA (3.00 GPA over last 90 quarter hours)</p>
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Previous Experience in Technology:

Career Goals:

List any graduate level course(s) that you have completed and would like to have considered for transfer to your MSED program. *Note: Only course work completed five years or less from your anticipated graduation date will be considered and no more than 15 hours of graduate work can be transferred in from another college or university.*

Course title	Credits received	Institution	Term/Year

To the best of my knowledge, the information on this application is accurate. Please sign below and submit to the College of Education Office, ED Room 202.

Signature: _____ Date: _____