



APPLICATION
For Admission to the
UNDERGRADUATE TEACHER EDUCATION PROGRAM
IN THE DEPARTMENT OF SPECIAL EDUCATION

Date of Application _____ **U of U ID # (uNID)** _____

For Academic Semester and Year: Fall Spring Summer Year

Name _____

Current Address _____ **Cell Phone** _____
(Number and Street) **Home Phone** _____
Work Phone _____

_____ (City) _____ (State) _____ (Zip)

Permanent Address _____ **Phone** _____
(Number and Street)

_____ (City) _____ (State) _____ (Zip)

Email Address _____

Are you a legal resident of the State of Utah? Yes No

Are you planning to pursue an honor's degree? Yes No

Area of emphasis in Bachelor's program:

- Mild/Moderate
- Severe
- Preschool Special Education (Birth-5)
- Deaf and Hard of Hearing (K-12)
- Visual Impairment (K-12)



Educational Background: List below all colleges and universities currently and previously attended: (list most recent first)

College / University	Location	Date of Attendance From To	Degree

Awards, Honors, and Professional affiliations, if any:

Employment Record (most recent listed first): Are you currently employed? Yes No

Employer Name and Address	Employment Date From To	Title	Duties

References:

List below the names of at least three persons who know your experience with children, academic ability, and professional competencies. Please include your most recent supervisor, if applicable. Send to each of your recommenders one of the enclosed evaluation forms. Your references may be contacted by the Special Education Department.

1. _____ Relationship to you _____
Position _____ Organization _____
_____/_____
Address _____ Phone Number _____

2. _____ Relationship to you _____
Position _____ Organization _____
_____/_____
Address _____ Phone Number _____

3. _____ Relationship to you _____
Position _____ Organization _____
_____/_____
Address _____ Phone Number _____

BACKGROUND CHECK FOR INITIAL LICENSURE: By legislative mandate, applicants for teaching licenses in Utah are required to have had a background check including fingerprinting as part of admission requirements. (See [Minimum Admission Requirements](#) on Department website) For further information, contact the Special Education Department, SAEC 2280, or the Utah State Board of Education, 250 East 500 South, Salt Lake City, Utah 84111, (801)538-7741, Attn: Coordinator, Licensure Personnel Development.

CRIMINAL CONVICTION: Teacher Licensure by the state of Utah may be denied because of a previous criminal conviction. You must contact the Associate Dean for Professional Education of the Graduate School of Education before proceeding with your program in teacher education if you have questions about your status. The Utah Professional Practices Advisory Committee, c/o Executive Secretary, State Office of Education, 250 East 500 South, Salt Lake City, Utah 84111 reviews all such cases.

ATTESTATION CLAUSE: Have you ever been dismissed or otherwise terminated from any post secondary educational institution or academic program, or certificate, degree, or similar credential revoked, suspended, or restricted in any way?

YES NO

If you answered yes, please enclose complete information along with this application regarding all details and circumstances of the incident(s).



I hereby certify that the information contained in this application and supporting documents is true and accurately discloses all matters requested. I will report any significant changes that occur in this information while the Department of Special Education is considering my application. I understand that any omissions, misrepresentations, or inaccuracies in this application constitute cause for denial of my admission to and subsequent matriculation in the Department of Special Education.

Signature

Date

NONDISCRIMINATION AND DISABILITY ACCOMMODATION STATEMENT

The University of Utah does not discriminate on the basis of race, color, religion, national origin, sex, age, status as a disabled individual, sexual orientation, gender identity/expression, genetic information or protected veteran’s status, in employment, treatment, admission, access to educational programs and activities, or other University benefits or services. Additionally, the University endeavors to provide reasonable accommodations and to ensure equal access to qualified persons with disabilities. Inquiries concerning perceived discrimination or requests for disability accommodations may be referred to the University’s Title IX/ADA/Section 504 Coordinator: Director, Office of Equal Opportunity and Affirmative Action, 201 South Presidents Circle, Rm 135, Salt Lake City, Utah, 84112, 801-581-8365 (voice/tdd), 801-585-5747 (fax), or online at www.oeo.utah.edu.

***Return all materials to:
University of Utah
Department of Special Education
Attn: Kaitlin Lindsey
1721 Campus Center Drive, SAEC 2282
Salt Lake City, UT 84112-9253***

How did you hear about the Special Education Department or program to which you are applying? Select all that apply.

- U of U Dept. or Program Website
- U of U Dept. or Program Faculty
- U of U Recruiter or Advisor
- Info Session or Open House
- U of U Student or Friend

- U of U Alumnus
- Print Advertising
- Reputation
- Other _____

- Web Advertising
- Professional in the Field



Your response to each of the following questions is optional, and you may send this page separately from your application materials.

Date of Birth: _____

Gender: Female Male

Primary/Native Language:

US Citizen: Yes No

Veteran: Yes No

Ethnic Origin:

- Caucasian/White
- African American
- Latina/o
- Asian
- American Indian
- Alaskan Native
- Pacific Islander
- European American
- Multi-racial
- Other