

University of Illinois
Special Education Application: Master's Degree Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Citizenship (check one): U.S. Citizen Permanent Resident International

Phone: _____ E-mail: _____

I am a full-time teacher (check one): Yes No

Please check the appropriate option:

I am interested in the M.S. degree (thesis required)

I am interested in the Ed.M. degree (no thesis required)

Please indicate if you are interested in either full- or part-time study:

Full-time study

Part-time study

Master's Emphasis

Please indicate which Master's Program you are applying for:

Early Childhood Special Education Master's Degree

(Early Childhood Special Education Approval could be obtained if the applicant has previous teacher certification in regular early childhood education).

Please check area of early childhood specialization:

Infancy Specialization (age 0-3) (PREP II Project)

Early Childhood Preschool (age 3-6) (PREP II Project)

Initial Certification Master's Program (LBS-I)

(leads to Learning and Behavior Specialist-I certification ages kindergarten through 21 years)

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