

PROGRAM APPLICATION FORM
WVU Department of Special Education

ALL ITEMS MUST BE COMPLETED
CONTACT INFORMATION

1. Name: _____ Email: _____

2. Home Address: _____
Street Name (or P.O. Box)

_____ City State Zip Country

_____ Phone (Area Code/Number)

3. Work Address: _____
Full Name of School/Agency

_____ Street Name (or P.O. Box)

_____ City State Zip Country

_____ Work Phone (Area Code/Number) Fax (Area Code/Number)

AGREEMENT TO CONDITIONS

I affirm that I have reviewed all program requirements, I have answered all questions truthfully, and I agree to abide by all policies and procedures concerning:

1. submission of BOTH applications and ALL required documentation needed for admission;
2. registration and payment of tuition/fees for all required courses and practicum experiences;
3. compliance with all technology formats used in live online sessions and other web activities;
4. compliance with all criteria for completing field and practicum experiences in public schools;
5. fulfillment of all requirements for certification and/or graduate degree at WVU.

I understand that if I am admitted and fail to enroll, I may be required to reapply at a future date.

I learned about this program through the following means:

_____ online search _____ mail or email announcement _____ friend or colleague

I would like to begin this program in: FALL SPRING SUMMER _____
Year

Signature: _____ Date: _____

Return ALL SECTIONS of form to:

Department of Special Education
West Virginia University, PO Box 6122
Morgantown, WV 26506-6122

OR send FAX to:

Department of Special Education
West Virginia University
304-293-6834

APPLICATION DEADLINES: AUGUST 1 Fall; JANUARY 1 Spring; MAY 1 Summer

1. Which area of specialization do you wish to pursue? (select ONLY one (1) option)

Multicategorical Special Education Grades K-6 _____	Grades 5-Adult _____
Autism Spectrum Disorders Grades K-6 _____	Grades 5-Adult _____
Severe/Multiple Disabilities _____	Gifted Education _____
Early Intervention Special Education _____	Low Vision/Blindness _____

2. Which program option do you wish you pursue (select ONLY one (1) option)?

MA degree* + certification _____	certification only _____	degree* only _____	non-degree** _____
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*ONLY individuals who do NOT already have a Masters degree in special education from WVU
 **ONLY individuals who need courses for professional development, certificate renewal, or personal interest

3. Do you have an undergraduate degree from an accredited institution? YES NO
 If yes, what degree? _____ What discipline? _____
 What was your GPA? _____ (3.0 for regular or 2.75 for provisional admission)
 If yes, have you requested a copy of the transcript to be sent to WVU? YES NO

4. Do you have a graduate degree or have you taken any graduate courses? YES NO
 If yes, what discipline? _____ # of credits? _____ GPA? _____
 If yes, have you requested a copy of the transcript be sent to WVU? YES NO
 If yes, was this a Masters degree in Special Education at WVU? YES NO

5. Have you passed a national standardized test of academic ability in 10 years? YES NO
 If yes, what score: GRE? _____ (850 old or 180 new minimum) OR MAT? _____ (400 minimum)
 OR Praxis PPST? _____ (174 on 0710, 172 on 0720, 172 on 0730 minimum)
 *If yes, have you requested scores be sent to WVU AND attached a photocopy of your score report?
 *If no, have you earned a Masters degree in education with GPA 3.25? YES NO

6. Have you passed ALL Praxis Preprofessional Skills Tests (w 10 years)? YES NO
 If yes, what scores for Reading (10710)? _____ (174 minimum)
 If yes, what score for Writing (20720)? _____ (172 minimum)
 If yes, what score for Math (10730) ? _____ (172 minimum)
 *If yes, have you requested scores be sent to WVU AND attached a photocopy of your score report?
 OR
7. Are you eligible to have the Praxis test requirement waived due to: YES NO
 - a. prior certification in some area of education? YES NO
 - b. completion of Masters degree from accredited institution? YES NO
 - c. ACT score 25 or 26 (enhanced)? YES NO
 - d. SAT score 1035 or 1125 (recentered) or Critical Reading + Math scores 1170? YES NO
 If yes to any of above, have you attached documentation? YES NO

8. Have you passed a standardized test of English language proficiency***? YES NO
 If TOEFL, what score? _____ (550 minimum) OR
 computer test? _____ (215 minimum) OR Internet test? _____ (80 minimum)
 If IELTS, what score? _____ (6.5 minimum)
 If yes, have you requested a copy of the score be sent to WVU and attached a copy of your scores?
 ***Only students who are non-native speakers of English MUST pass one of these tests for admission.

9. Have you scheduled a personal interview*** to verify English proficiency? YES NO
 *Only students who are non-native speakers of English need to complete this requirement for admission.

10. Have you completed and submitted the online Application for Graduate Admission to WVU and paid the application fee? YES NO

PROGRAM PLANNING INFORMATION

- 1. Are you an individual with a disability who needs accommodations? YES NO
 If yes, have you contacted WVU Disability Services? _____
 If no, when do you plan to contact this office? _____

- 2. Are you a citizen or legal resident of the United States? YES NO
 If no, US Visa will NOT be issued for any online program but students can be admitted to the program and enroll in courses in their home countries.

- 3. Are you currently enrolled at WVU? YES NO
 If yes, in what department/program? _____
 If yes, have you requested a transfer to this program? _____
 If no, when do you plan to request the transfer? _____

- 5. Are you currently enrolled at another institution? YES NO
 If yes, in what department/program? _____
 If yes, when will you complete this program? _____

- 6. Do you plan to request approval* of existing graduate course(s)** to substitute for required*** program courses? YES NO

- 7. Do you plan to request approval* of existing graduate course(s)** to count toward the elective**** credits in the degree program? YES NO

*Students should send official transcript and copy of course syllabus and performance assessment with rubric to assigned faculty AFTER admission and make written request for approval of courses.
 **Courses must meet WVU and program requirements and be approved in writing immediately upon admission. Courses must be for graduate degree credit, NOT continuing education credit, must have earned a grade of A or B, and must be no more than 5 years old; 3 semester hours = 4 quarter hours.
 ***Transfer courses must be SUBSTANTIALLY equivalent in CONTENT as well as ASSESSMENTS.
 ****Transfer courses must COMPLEMENT knowledge/skills directly related to the content of the degree program.

- 8. If you plan to enroll as a distance education student (NOT on campus) YES NO
 do you have at least 56 kbps+ telephone modem access or better to the Internet at home or at work for participating in online courses and practica?
 If no, how and where will you access the online program? _____

+Low bandwidth is acceptable in these programs but broadband access is recommended; some rural areas may get lower data rates even with 56 K access which may prevent access to live class sessions.

- 9. Where will you access LIVE online class sessions?
 Town: _____ State: _____ Country: _____

- 10. Do you currently have or will you obtain the following equipment?
 - a. computer with at least 500 MHz processor and 512 MB RAM memory? YES NO
 - b. full featured web browser (Internet Explorer, Netscape, Safari, Mozilla)? YES NO
 - c. plug-ins to include Acrobat Reader, Flash, and QuickTime? YES NO
 - d. current version of Microsoft Office (Word, Excel, Powerpoint)? YES NO
 - e. external microphone (adequate) or headset (preferred) for live sessions? YES NO

11. Do you currently hold a teaching certificate? YES NO
If yes, in what state/country? _____ Endorsement(s): _____
12. Are you currently teaching on permit or emergency or alternative certificate? YES NO
If yes, in what state/country? _____ Area of specialization? _____
13. Do you need to be enrolled in an alternative certification program?
in order to obtain or maintain employment in a school system? YES NO
If yes, have you attached a letter documenting employment and copy of alternative certificate?
14. Do you plan to apply for initial certification/additional endorsement
upon completion of this certification and/or degree program? YES NO
If yes, in what state/country? _____ Area of specialization? _____
15. Are you currently employed in a PUBLIC school system as a professional
or paraprofessional educator providing special education programs OR
inclusive education programs to individuals with exceptionalities in the
SAME area of specialization in special education* and at the SAME grade
levels* as the program to which you are seeking admission? YES NO

*Field and/or clinical experiences must be arranged in PUBLIC preschools, elementary schools or secondary school settings that allow DIRECT INSTRUCTIONAL CONTACT with individuals with exceptionalities WHO HAVE IEPS in the SAME area of specialization in special education and at the SAME grade levels for each area as follows:

- ASD Program: individuals with autism spectrum disorders with an IEP, but NOT on alternate assessment, in grades K-6 OR 5-Adult
- EI/ECSE Program: children with developmental disabilities, delays, or at risk conditions with at least SOME children with an IEP due to significant delays or disabilities in grades PreK-K
- GE Program: students with gifts and/or talents with an IEP (or other formal identification) in grades K-12
- LVB Program: individuals with low vision/blindness with an IEP in grades PreK-Adult
- MSE Program: students with mild/moderate mental impairments, learning disabilities, and emotional/behavioral disorders with an IEP, but NOT on alternate assessment, in grades K-6 OR 5-Adult
- SMD Program: individuals with moderate, severe, or profound mental impairments, or autism and pervasive developmental disorders, or combinations of mental impairments with physical or sensory impairments with an IEP AND on alternate assessment in grades 1-Adult

NOTE: If you answer yes, you are eligible to complete field and clinical experiences in your job setting; if no, you must locate an appropriate site in a PUBLIC school within your LOCAL COMMUNITY.

16. How will you complete field experiences (assignments) associated with MANY courses (certification and/or degree programs) throughout the program and clinical experiences at the end of the program (certification programs only)?
In My Job Setting** _____ In Another School/Agency*** _____
Have you made arrangements with a local PUBLIC school system to complete field and practicum experiences required in this program? YES NO

**Field experiences in MANY program courses require students to conduct assessment, intervention, or management activities with an individual with a disability and/or family OR to engage in observation, collaboration, or evaluation of a program. Field experiences vary by course but generally range from 5-30 contact hours across a 15 week semester; the culminating practicum experience requires a minimum of 16 weeks full day contact in a single semester or across 2 semesters. Those eligible as outlined above will be able to complete field experiences in their own job setting; all others will be required to locate an appropriate placement in a public school system and obtain permission as needed. Most schools require students to undergo and pay for a criminal background check and/or sexual offender screening and/or verification of health status with a negative TB test before approving access to field and clinical experience settings.

RECOMMENDATION FOR GRADUATE STUDY page 6 of 7
WVU Department of Special Education

Please ask one instructor employed by a college or university who is FAMILIAR WITH YOUR ACADEMIC WORK to complete this form, sign it, and return it to you to submit with your application file.

Name: _____ Date: _____

Position/Institution: _____

Name of Applicant: _____

Relationship to Applicant: _____

Rate the candidate on each item using the following rating scale:
 N/O = no opportunity to observe; 1 = very weak; 2 = weak; 3 = strong; 4 = very strong

	N/O	1	2	3	4
Intellectual ability and curiosity					
Professional attitude and demeanor					
Verbal communication skills					
Written communication skills					
Character and work ethic					
Respect for people with disabilities					
Likelihood of success at graduate study					
Potential to become an educator					

Please add other comments relevant to consideration of the applicant for admission to graduate study in special education:

Signature: _____ Date: _____

PERMISSION FOR FIELD EXPERIENCES
WVU Department of Special Education

Please ask an administrator responsible for special education programs in a local PUBLIC school system to complete and sign this form and return it to you to submit with your application file.

The WVU Department of Special Education requires ALL students in graduate certification and degree programs to complete field experiences (5-40 hours per course during coursework) and a culminating practicum experience (16 weeks full day at the end of the program) to meet state and national certification standards. Each applicant must contact a local school system to obtain permission to complete these experiences PRIOR TO AND AS A CONDITION OF ADMISSION to any program. Applicants are expected to comply with any school system policies that govern access to schools and students, including submitting health tests and/or criminal background checks.

Applicant Statement

Please select the option that BEST describes your current situation:

_____ I am currently employed as a PUBLIC school teacher in the SAME area of specialization in special education and the SAME grade level as the program to which I am requesting admission. I plan to complete field and practicum experience IN MY JOB SETTING.

OR

_____ I am currently employed as a PUBLIC school employee in a position NOT DIRECTLY RELATED to the area of specialization in special education and/or grade level of the program to which I am requesting admission. I plan to complete field and practicum experiences IN OTHER CLASSROOMS within this school system.

OR

_____ I am NOT currently employed in education. I will contact the LOCAL PUBLIC SCHOOL SYSTEM at the beginning of each course for permission for each field experience and again at the end of the program for permission for the culminating practicum experience.

Applicant: _____ Area of Specialization/Grade Level _____

Signature: _____ Date: _____

School System Permission for Field Experiences

This individual has approval to complete requirements for field experiences associated with the program in this school system contingent upon admission to the WVU program. If s/he is an employee, s/he will be permitted to use the job setting or another classroom. If s/he is not an employee, I will assist the student in locating appropriate placements. If my school system requires a formal agreement, WVU will sign it AFTER the student has been admitted. The student will contact me or my designee at the beginning of each course to explain required activities and to obtain formal permission to access a specific placement. The student will submit a separate application for my approval prior the culminating practicum experience at the end of the program. If these placements require formal review and approval by the Board of Education, I will assist the student in this process.

Public School System Administrator: _____ Date: _____

Public School System: _____ Location _____

Signature: _____ Date: _____