

GRADUATE STUDIES PERSONAL DATA SHEET

If you have completed an online application through the Graduate School site, this information should be included in the application.

You do not need to duplicate your records.

YEAR:

Submit this completed departmental form to the LTC Graduate Studies staff via email (rosbachc@missouri.edu) along with any other supplemental materials (see summary sheet for clarification).

(EX. ABCTE PROGRAM).

THROUGH ALTERNATIVE METHODS

CERTIFICATION AT

THIS TIME.

EMPHASIS AREA:

DEGREE INFORMATION:

GRADUATE DEGREE:

EDUCATIONAL SPECIALIST

MASTERS

DOCTORATE

IF NO, PLEASE

SELECT:

Please indicate (bold, highlight, circle) the correct choices and complete all fields.

EXPECTED ENTRANCE TERM:

FALL

SPRING

SUMMER

REQUIREMENTS AT MY INSTITUTION.

FACULTY MEMBER (LA	ST NAME) WITH WHO	OM YOU HAVE COMMUNICA	ATED:			
(This is a requirement for requirements and/or fina		Students are encouraged to e emphasis area.)	speak with faculty advi	sors about	addition	al
DEMOGRAPHIC	INFORMATION					
Please comple	te all fields.					
NAME				GENDE	R	
STREET ADDRESS		CITY	STATE	ZIP		
PHONE		EMAIL	1			
BIRTH DATE	ETHNICITY					
MU STUDENT NUMBE	R (IF APPLICABLE)		US CITIZEN?	US CITIZEN?		
HOW MANY FULL ACADEMIC YEARS HAVE YOU COMPLETED AS A CONTRACTED CLASSROOM TEACHER?					0 1	2 3+
ARE YOU CURRENTLY CERTIFIED TO TEACH?					YES	NO
IF YES, PLEASE LIST YO	UR CURRENT CERTIFIC	CATION DETAILS (AREA(S) O	F CERTIFICATION, STA	TES HELD):	
IF NO PLEASE	I AM CURRENTLY COMP	LETING CERTIFICATION I AM SE	EEKING CERTIFICATION	IAI	M NOT PU	RSUING

The following two background sections can be replace by a résumé /CV.

ACADEMIC BACKGROUND:

UNDERGRADUATE EDUCATIO	N:			
NAME & LOCATION OF INSTITUTION:		DEGREE AND MAJOR:	DATES OF ATTENDANCE (YEARS):	
GRADUATE EDUCATION (if ap	plicable):			
NAME & LOCATION OF INSTITUTION:		DEGREE AND MAJOR:	DATES OF ATTENDANCE (YEARS):	
ADDITIONAL EDUCATION (if a	upplicable):			
NAME & LOCATION OF INSTI	TUTION:	DEGREE AND MAJOR:	DATES OF ATTENDANCE (YEARS):	
PROFESSIONAL BACK	(GROUND:			
EMPLOYER:	TITLE/POSITION	N:	DATES (FROM/TO):	
EMPLOYER:	TITLE/POSITION	N:	DATES (FROM/TO):	
EMPLOYER:	TITLE/POSITION	N:	DATES (FROM/TO):	
List any honorary and profes Theta, MSTA, NEA, etc.):	l sional organizations in whic	L ch you are an active mem	nber (ex: Phi Delta Kappa, Pi Lambda	
List any publications that bea	ar your name (you may incl	ude reprints):		
List any completed research responsibility:	in which you actively partic	cipated, even though you	may not have carried the major	
List any foreign languages yo	u have studied and the am	ount of participation in e	ach:	
List any additional experienc	e or activities:			

SUMMARY:

Please be aware that completion of a Personal Data Sheet does not constitute a formal application to the LTC **Department.** The Personal Data Sheet is a supplemental department document.

Please note that the LTC Master's programs do not grant initial teaching certification. Any secondary certification that coursework may meet for a state's teacher certification agency must be submitted directly to the appropriate agency via the student. Any additional questions regarding certification can be directed to the Academic Advising and Certification Office (coedcert@missouri.edu).

If you have completed an online application through the Graduate School site, this information should be included in the application. You do not need to duplicate your records.

If you are completing the Personal Data Sheet with a Change of Degree Form and other supplemental materials are necessary, please view the list of materials to ensure everything is submitted:

<u>Unofficial Transcripts:</u> required for all degrees and emphasis areas. PDF is the preferred file type.

<u>Statement of Purpose</u>: required for all degrees and emphasis areas. This document should speak to your reasons for undertaking graduate study (including career objectives, motivation and other pertinent information). NOTE: Because the Admissions Committee may consider this section to be a sample of the quality of your written expression skills, please formulate your response accordingly.

<u>Letters of Recommendation:</u> required for all degrees and emphasis areas. Two (for M.Ed. and Graduate Certificates) or three (for Ed.S., Ed.D. and Ph.D.) letters of reference should be provided for your materials. These letters should be written by persons with whom you have studied or who have supervised your work, concerning your ability to do graduate study in this area.

<u>TOEFL Scores:</u> required for all students whose native language is not English. Please see the Office of Graduate Studies website for further information if this pertains to you.

If you have specific questions about the availability of degree programs or the status of an emphasis area accepting applications, please visit our website (www.ltc.missouri.edu) or contact the LTC Graduate Studies Office (rosbachc@missouri.edu).

PLEASE READ THE FOLLOWING AND CONFIRM:

By signing/typing my name below, I confirm that all provided information above is true and correct. I have read over the Summary page and will attend to the additional supplemental materials, if applicable.

\Box	Signature (typed or signed):	Submission Date:
r		

To submit, please use "Save As" and save as a PDF with your first and last name in the file name. Submissions can be emailed to the LTC Graduate Studies Office (rosbachc@missouri.edu).