Special Education Personal Data Sheet: once complete, submit to rosbachc@missouri.edu



GRADUATE STUDIES PERSONAL DATA SHEET

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

DEMOGRAPHIC INFORMATION:

Please complete all fields.

NAME									GENDER		
STREET ADDRESS			(CITY				STATE	ZIP		
PHONE			E	EMAIL							
BIRTH DATE	ETHI	NICITY									
MU STUDENT NUMBER (IF APPLICABLE)							US	US CITIZEN?			
DEGREE INFORMA Please indicate (bold, highl	_		t choices	s and a	compl	ete all field	ds.				
GRADUATE DEGREE: MASTERS		EDUCATIONAL SPECIALIST D			DOC	TORATE	GRADUATE CERTIFICATE				
EMPHASIS AREA:											
EXPECTED ENTRANCE TERM: FALL			SPRING			SU	MMER	YEAR:	YEAR:		
FACULTY MEMBER (LAST	NAME) WITH WHOM	YOU HA	VE CO	MMU	NICATED:					
(This is a requirement for the requirements and/or financio					urage	d to speak	with fo	aculty advi	sors about addit	ional	
ARE YOU CURRENTLY CERTIFIED TO TEACH?				YES	NO	_	_	N AWARI TO PURSU	DED A JE GRADUATE	YES	NO
If yes, please list additional details (provisional, life, state(s) held, ty, certification, etc):				pe of		If yes, plea	ise list (additional de	etails:		

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

ACADEMIC BACKGROUND:

JNDERGRADUATE EDUCATION	ON:			
NAME & LOCATION OF INST	ITUTION:	DEGREE AND MAJOR:	DATES OF ATTENDANCE (YEARS):	
GRADUATE EDUCATION (if a	oplicable):			
NAME & LOCATION OF INST		DEGREE AND MAJOR:	DATES OF ATTENDANCE (YEARS):	
ADDITIONAL EDUCATION (if a	applicable):			
NAME & LOCATION OF INST	ITUTION:	DEGREE AND MAJOR:	DATES OF ATTENDANCE (YEARS):	
PROFESSIONAL BACI	KGROUND:		- '	
EMPLOYER:	TITLE/POSITIOI	N:	DATES (FROM/TO):	
EMPLOYER:	TITLE/POSITIO	N:	DATES (FROM/TO):	
EMPLOYER:	TITLE/POSITIO	N:	DATES (FROM/TO):	
List honorary and profession Special Education Teachers,		ou are an active member	(e.g. CEC, National Association of	
List any administrative expe	rience or other activities th	at reflect organizational a	bilities:	
List research in which you ac	ctively participated, even th	ough you may not have c	arried the major responsibility:	
List any additional experience	ce or activities:			

SUMMARY:

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

Only the Cross-Categorical Special Education graduate program will contribute to obtaining initial certification. For students seeking initial certification, additional requirements apply. 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.

If you have completed an online application through the Graduate School, 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:

Unofficial Transcripts: 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 (M.Ed.) or three (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. These letters must be confidential and cannot come from the applicant. You can have you recommenders submit letters on your behalf to rosbachc@missouri.edu. If you have any questions on this requirement, please contact our SPED Graduate Studies staff via email.

<u>GRE Scores:</u> required for all degrees and emphasis areas. GRE scores need to be sent to the University of Missouri-Columbia through ETS. **An official score report is required and applications will not be considered prior to these test scores being received.**

<u>TOEFL Scores:</u> required for all students whose native language is not English. Please see the Graduate School 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.sped.missouri.edu) or contact the Special Education 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.

Signature (typed or signed):	Submission Date:		

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 Special Education Graduate Studies Office (rosbachc@missouri.edu).