

Date _____

Note: You must be enrolled the semester you take this examination.

APPLICATION FOR:
THE CERTIFYING MASTERS EXAM
for
SPECIAL EDUCATION

MICHIGAN STATE UNIVERSITY
DEPARTMENT OF COUNSELING, EDUCATIONAL PSYCHOLOGY
AND SPECIAL EDUCATION

1. Candidate's Name _____ PID _____

Home Address _____
(Street) (City) (State) (Zip)

Home Phone _____ E-mail address _____
(Area code) (Number)

2. Name of Employer/School _____ Work Phone _____
(Area Code) (Number)

Work Address _____
(Street) (City) (State) (Zip)

3. MA Program Advisor _____

4. Semester/year you started your M.A. program _____

Area of Emphasis: Elementary Secondary Other _____

5. Semester/year you intend to complete your M.A. Program _____

6. Semester/year you wish to take the M.A. Certifying Exam _____

- OVER -

7. Courses taken to date on M.A. Program:

| <u>Course Number</u> | <u>Title</u> | <u>Semester</u> | <u>Year</u> |
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Currently, I am taking the following:

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8. Student's Statement:

I certify the above information to be accurate and complete:

_____ (Student's Signature) _____ (Date)

9. Advisor's Statement:

I have reviewed this application and my records and I approve administration of the

Certifying Examination to _____ (Student's Name)

_____ (Advisor's Signature) _____ (Date)