



Master's in Education Program

APPLICATION FOR ADMISSION

WILKES-BARRE, PENNSYLVANIA 18711
(570) 208-5991 FAX (570) 208-8027

Date received (FOR OFFICIAL USE)

Application fee of \$35.00 required (non-refundable)

**To be printed or
typed by the
Applicant
(continued on
next page)**

Name: _____
First Middle (maiden) Last

Present Mailing Address: _____
Number and street

City State Zip Telephone

Permanent Mailing Address: _____
(if different from above) Number and street

City State Zip Telephone

Email Address: _____

Social Security Number (U.S. citizens only): _____

Date of Birth: _____ Male: _____ Female: _____

Citizenship:
____ United States ____ Student Visa ____ Permanent Resident
____ Other (specify) ____ Other Visa Status (specify)

Optional Data

Ethnic background (Please check only one.) Are you Hispanic or Latino? ☐ Yes ☐ No

What is your racial background? (Please check one or more.)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Degree Program

I am seeking admission to the following program:

____ M.Ed. in Reading ____ M.Ed. in Special Education ____ M.Ed. in Curriculum and Instruction – with a
concentration in: ____ ESL ____ Math ____ Science ____ PK-4 ____ Exc. in Teaching

Year I wish to begin the Program: _____ Semester: Fall ____ Spring ____ Summer ____

Post-Secondary Education

List in chronological order all post-secondary institutions attended. If you are now attending college,
indicate degree you expect to receive and probable date of graduation.

Undergraduate Colleges:

Name	Dates of Attendance	Degree and Date Received
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_____	_____	_____
_____	_____	_____
_____	_____	_____

In what field is your undergraduate degree? _____

Major: _____ Minor: _____
Graduate and professional schools:
Name _____ Dates of Attendance _____ Degree and Date Received _____

Are you certified to teach in Pennsylvania or any other state?

_____ Yes _____ No

If so, indicate state and areas of certification _____
(Please enclose a photocopy of your certification.)

PPID Number _____

Recommendations

Please list three individuals you will be contacting to provide recommendations.

1. Name: _____ School/Firm: _____

2. Name: _____ School/Firm: _____

3. Name: _____ School/Firm: _____

Work Experience

If you are now working part-time or full-time, state

Employer's Name: _____

Address: _____ Dates Employed: _____

Title/Primary Responsibilities: _____

Business Telephone: _____ Average Hours Worked per Week: _____

List previous employment experience below, including nature of your work, name of employer, and approximate dates of employment.

Name and Address	Primary Responsibility	Dates Employed
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

Date

Checklist

- _____ Have you filled out this form completely, enclosed your \$35 application fee, and signed it?
- _____ Have you enclosed a photocopy of your PA Instructional Certificate?
- _____ Have you sent your official transcripts?
- _____ Have you arranged for your three letters of recommendation to be sent?

Please return application to:

**King's College Graduate Division
133 N. River Street
Wilkes-Barre, PA 18711**

