



The College of Saint Rose/Teacher Education Institute (TEI)

APPLICATION:

Office of Graduate and Continuing Education Admissions 432 Western Avenue, Albany, NY
12203
(518) 454-5143 FAX (518) 458-5479

I wish to apply to the graduate certificate program in:

- **SPECIAL EDUCATION: MIDDLE SCHOOL & ADOLESCENT LEVELS**
- **PROGRAM EVALUATION**
- **INSTRUCTIONAL TECHNOLOGY**

Please include an application fee of \$35.00 (check or money order payable to The College of Saint Rose) along with:

1. Statement of Purpose - a short (less than 300 words) description of your reason for choosing this certificate program.
2. Official transcripts from ALL colleges you have attended.
3. Two letters of recommendation.
4. Mail all application materials to: The College of Saint Rose, Office of Graduate and Continuing Education Admissions, 432 Western Avenue, Albany, NY 12203

Name: _____
Last, First, M.I., Prior Name (s)

Address: _____
Street, Apartment, County

City, State, Zip Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

circle one: Gender: Male Female

Citizenship: _____ City/Country of Birth: _____

Optional: Ethnic Origin: Asian Indian/Native Alaskan ____ Black/Non-Hispanic ____
White/Non-Hispanic ____ Hispanic ____ Asian/Pacific Islander ____
Other: _____

Colleges and Universities attended, including previous Saint Rose credits. Begin with your most recent enrollment.

Name of Institution Dates Attended Major Degree & Date Received

Teaching Certification (s) held: Provisional/Initial ____ Permanent/Professional ____

Certification Areas:

Place of Employment:

Job Title: _____

Date of Employment: ____/____/____

Address of Employer:

I certify that the information given in this application is complete and accurate.

Signature: _____ Date: ____/____/____