

Teaching & Learning 3rd Floor Ritter Hall 1301 Cecil B. Moore Avenue Philadelphia, PA 19122-6091

phone 215-204-2117 fax 215-204-1414 web www.temple.edu/education/tl

Accelerated 4+1 Program Application Bachelor of Science in Education (B.S.Ed.) in Early Childhood Education and Master of Education in Special Education (M.Ed.)

(Please note: Admitted students will need to apply to the Graduate School in the Fall of their senior year.)

1. Temple University ID	2. Full Legal Na	ame		
3. Date of Birth:	4. Gender: Male Female			
5. Ethnic Background:				
Black or African American	Hispanic	American Indian or Alas	kan Native	Other / Mixed Background
White, non-Hispanic	Asian	Native Hawaiian or othe	r Pacific Islander	Prefer not to answer
6. Permanent Home Address				
City	State	Zip/Postal Code	Country	
7. Mailing Address, if different City	from permanent	address Zip/Postal Code	Country	
3. E-mail Address			9. Pho i	ne Number
10. Number of Total Credits Co	mpleted:			
11. Cumulative GPA:				
12. Semester/Year you expect t	o graduate:			
13. Have you applied for candic	lacy within the Co	ollege of Education?	⊖ Yes	∩No
14. Which specialized track witl	hin the program a	are you applying for? (selec	t one):	
Mild Disabilities	○ Severe Dis	sabilities	Autism Spectrum	

Dual-Degree Program (4+1 Combined BA or BS/Ed.M)

Special Education Program Application Page 2 of 2

15. **Two professional letters of recommendation.** Note: one letter DOES need to be from a Temple University College of Education faculty or adjunct instructor. However, these letters CANNOT be from Temple University College of Education **Special Education** faculty. Please collect each recommendation in a sealed and signed envelope and enclose both envelopes with this completed application. List the names and titles of the individuals providing your recommendations and check the box to indicate you are enclosing their letters.

Recommender #1: Name	Recommender #1: Title
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Recommender #2: Name	Recommender #2: Title
16. Professional Resume . Please attach a copy of your profe	essional resume.
17. PRAXIS/PAPA Score Report . Please attach a copy of you	ar official PRAXIS I or PAPA score report.
18. Undergraduate Transcripts. Please attach a copy of you Unofficial transcripts are acceptable.	ur transcripts from all undergraduate institutions attended.
course of study to be a certified special education teacher. T	nent of professional goals asserting why you want to pursue the he format must be typed, 12 pt. Times New Roman font, with 1 date submitted. Also, the statement should be approximately 2 $\frac{1}{2}$
20. Statement of Residence	
Country of your citizenship:	U.S. permanent resident? () Yes () No
If alien, give visa type:	
In what state do you claim legal residence?	Country:

(Temple University reserves the right to request documentary evidence in support of your claim for residence.)

ALL APPLICANTS PLEASE READ AND SIGN TO AFFIRM THE FOLLOWING:

I understand that Temple University faculty or staff will have access to my Temple University student record and that withholding information requested or giving false information will make me ineligible for admission to the Dual Degree program and subject to dismissal. I also understand that I cannot earn Instructional I certification until I complete the entire graduate program and complete the undergraduate requirements. With this in mind, I certify that the above statements are correct and complete and if admitted, I agree to abide by the published policies, rules and regulations of Temple University and the Dual Degree program. I further understand that from the time I file my application with the Dual Degree program, it is my responsibility to know all the rules, requirements, and exemptions.

Applicant Signature

Date

Instructions: Completed and signed application, including all required supplemental materials should be returned to:

Attn. 4+1 Application Processing Office of Academic & Student Affairs College of Education, Temple University 150 Ritter Annex 1301 Cecil B. Moore Ave. Philadelphia, PA 19122