

Special Education

APPLICATION FOR ADMISSION TO CANDIDACY – Initial Certification **Bachelor of Science in Education in Special Education: General Curriculum**

FOR OFFICE USE ONLY. Do not write in this space.

Admitted _____ Date _____ Card No. _____

NAME _____

(Miss, Mrs., Ms. Mr.) (Full legal name)

Other Names Used: _____

Student ID _____ Date of Birth _____

Campus enrolled: ___ AASU ___ Brunswick ___ Camden ___ Liberty Center
 ___ Savannah State

Mailing Address:

Number and Street

City

State

Zip

Permanent Address (if different from mailing address):

Number and Street

City

State

Zip

Home Telephone No. _____ Work/Cell/Other Telephone No. _____

E-mail Address _____

I have reviewed this application and affirm that all criteria have been met for admission to candidacy for the BSED in Special Education: General Curriculum.

(Department Head)

(Date)

Return application to:

Dr. Pamela Harwood, Department Head
Special and Adult Education
University Hall Room 201

11/13/2007
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