



**Special Education**  
**APPLICATION FOR ADMISSION TO CANDIDACY – Initial Certification**  
**Master of Arts in Teaching – 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 MAT 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**  
**11:53:30 AM**