

# M.Ed. or Post-Baccalaureate in Special Education or PreK-8 Special Education Certification APPLICATION



**LA ROCHE**  
UNIVERSITY

## Personal Information (Please type or print.)

Name \_\_\_\_\_  
*First Middle Last (Maiden)*

Address \_\_\_\_\_  
*Street County*

\_\_\_\_\_ *City State Country ZIP Code*

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

List any accommodations you may require: \_\_\_\_\_

## Program Applying for

Please check one:  Post-Baccalaureate PreK-8 Special Education Certification  
(Candidates must currently hold a level 1 or level 2 PA teaching certification)  
 Fall 20\_\_\_\_  Spring 20\_\_\_\_

M.Ed. with a PreK-8 Special Education Certification  
(Candidates must currently hold a level 1 or level 2 PA teaching certification)  
 Fall 20\_\_\_\_

M.Ed. with an Autism Endorsement (Candidates must currently hold a PA level 1 or level 2 certification)  
 Fall 20\_\_\_\_

Autism Spectrum Disorders Endorsement only (Candidates must currently hold a PA level 1 or level 2 certification)  
 Fall 20\_\_\_\_

Advanced Studies in Autism Certificate  
 Fall 20\_\_\_\_

I plan to enroll:  Part time (3-6 credits)  Full time (9-12 credits)

## Academic History (List all college-level academic work, regardless of whether a degree was earned.)

Name of College	Undergraduate/Graduate	Dates Attended	Specific Degree Granted/Credits Earned
_____	_____	_____	_____ <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> Master's
_____	_____	_____	_____ <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> Master's
_____	_____	_____	_____ <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> Master's
_____	_____	_____	_____ <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> Master's

### Admissions Materials (All materials should be submitted to the University at the same time as the application.)

M.Ed.:	Post-Baccalaureate:	ASD:	ASD Certificate:
_____ Application	_____ Application	_____ Application	_____ Application
_____ All official transcripts	_____ All official transcripts	_____ All official transcripts	_____ All official transcripts
_____ Copies of all certifications	_____ Essay <i>(see below for content info)</i>	_____ Copies of all certifications	

*Post-Baccalaureate applicants must complete the following essay: **Explain how reading and writing are areas that often pose challenges for students with disabilities. Describe any experience(s) you have had with literacy instruction, and which strategies you have found to be most effective in helping students become successful with reading and writing.***

*A copy of your most recent clearances and TB test are required. Updated clearances and negative TB test may be required prior to field experience placements and/or student teaching.*

**Note: Official transcripts are transcripts received by La Roche University in a sealed, unopened envelope from the school in question.**

*Your responses to the following questions are optional and do not affect your application. These informational questions will help the institution to better serve you. The data also will facilitate reports required by state and federal agencies.*

Gender \_\_\_\_\_ Religion (Denomination/Rite) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Ethnicity: How would you describe yourself?

Hispanic of any origin (Spanish, Mexican, Puerto Rican, etc.):  Yes  No

Select one or more of the following:  White  Black or African American  Asian  
 American Indian/Alaska Native  Native Hawaiian/Pacific Islander

Veteran:  Yes  No If yes, will you seek benefits?  Yes  No

Marital Status:  Single  Married  Divorced  Widowed

#### NON-DISCRIMINATION POLICY

La Roche University does not discriminate on the basis of race, religion, color, national origin, sex, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Vice President of Student Life & Dean of Students | 412-536-1069  
Coordinator of Accessibility & Compliance | 412-536-1177  
Associate Vice President of Human Resources | 412-536-1115

Your application will be kept on file for two (2) years.

I certify that the statements contained within this application are true to the best of my knowledge. I understand those credentials filed in support of this application become the property of La Roche University and are not returnable or transferable. (Falsifications or omissions on this application may be grounds for dismissal.)

## APPLICANT'S SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

Please return all materials to: LA ROCHE UNIVERSITY, Office of Graduate Studies & Adult Education, 9000 Babcock Boulevard, Pittsburgh, PA 15237  
Phone (412) 536-1260 • Fax (412) 536-1283 • Toll Free 844-838-4578 • laroche.edu • Email: graduateadmissions@laroche.edu

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