

INCLUSIVE EDUCATION CHILDHOOD CERTIFICATION (Grades 1-6) PROGRAM

(Please type or print with a ball-point pen)

Date of Application: _____

Application for *(Spring or Fall)*: _____, 20_____

Name: _____ ID # C00 _____

Local Address: _____

Local Phone #: _____ Email: _____@cortland.edu

Permanent Address: _____

Permanent Phone #: _____

Birth Date: _____ Female: Male:

Colleges or Universities Attended:

G.P.A. _____
(GPA of 2.8 or higher required)

Name of College	Dates (From / To)
_____	_____
_____	_____
_____	_____

*Your Degree Works will be reviewed online for completed college courses,
credits and grades as part of this review process*

Relevant Experience

Previous experience working with children. Include volunteer work, observations or similar experience. If you have personal experiences, including relatives or friends, please indicate this as well.

Employer	Position	Job Description	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Statement

Please include a Personal Statement as part of this application. It should be a narrative essay of approximately 250 words (typed, double spaced). This essay should discuss why you are choosing teaching as a vocation, why you are interested in teaching children with disabilities, and your present and future professional goals.

Please return this form and your essay by:

- ***November 15th for Spring Admission, or***
- ***April 15th for Fall Admission to:***

Inclusive Education Childhood Program
Foundations and Social Advocacy Department
1213 Cornish Hall
SUNY Cortland
P.O. Box 2000
Cortland, NY 13045