

**MASTER IN EDUCATION (MED)/
ADVANCED LICENSURE APPLICATION
SOUTHERN OREGON UNIVERSITY
SCHOOL OF EDUCATION**

Name: _____ Date: _____

Address: _____

Email: _____

Phone: _____ SOU ID/SSN: _____

The Oregon Chief Education Office requires all teacher education programs to report the number of students from culturally and linguistically diverse backgrounds.

Is your first language something other than English: Yes No

Please check all that apply: Hispanic/Latino American Indian or Alaskan Asian Black or African American Native Hawaiian or other Pacific Islander White/Caucasian Other

Do you currently hold an Oregon teaching license? Yes No

Are you seeking a master's degree? Yes No

Area of Emphasis

- ABA/ASD
- ESOL
- Special Education
- Added Subject Area Endorsement
 ___ Elementary Multiple Subjects ___ Art ___ Drama ___ Music ___ P.E.
- Other: _____

Letters of Recommendation

Provide TWO letters of recommendation from persons who can speak to your skills and experience relative to program requirements.

Please indicate the names of the referrers who have agreed to provide your recommendations:

1) _____

2) _____