Application for the Undergraduate Multiple Abilities Program (MAP)

Name:		Date:		
Local Address:				
Home Address: (if different	ent)			
Local Phone:	Anticipated Graduation Date		-	
E-mail CWID Number		Major		
Experience teaching/working with children Example: Sunday School Teacher			n & Computer Courses ed or Currently Taking)	Grade
			ached all transcripts of all colle	ge work
		(includir courses Education	that MAP is a full-time, five ag a *12 hr. summer term) reg completed, and that admission on Program is required to counts on this application are true.	ardless of previous on to the Teache
			(Signed)	
		*fina	incial assistance may not pay for	r summer

mail completed application, along with a current transcript to: twilson@ua.edu Or mail to: 201 Graves Hall Box 870232 Tuscaloosa, AL 35487-0232 Phone: 205-348-6093

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Interests/hobbies/ unique experiences I've had that will enhance my teaching of children:
<u>-</u>
Interests/hobbies/ unique experiences I've had that will enhance my teaching of children:
<u>-</u>
My personal beliefs about the role of school in the education of children with diverse needs (e.g., students with learning disabilities, special talents and gifts, learning differences, emotional conflicts):
uncue in the same time gives, reasoning conservations, conservations,
Additional information we should consider when reviewing your application:
Attach additional information if needed.

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