Application for the Undergraduate Multiple Abilities Program (MAP)

Name:		Date	Female	Male
Local Address:				
Home Address: (if differen	nt)			
Local Phone	Anticipated Graduation Date		Approx. GPA	
E-mail	CWID Number		Major	
	g any form of financial assistance to	·		
Experience teaching/work	cing with children		uter Courses	Grade
<u>Example</u>		(Completed or Curi	<u>rentiy Taking)</u>	
Sunday School Teacher				
		Please attach tran	scripts of all college	work.
		(including a 12 hr. courses completed, Education Program	I realize that MAP is a full-time, five semester program (including a 12 hr. summer term) regardless of previous courses completed, and that admission to the Teacher Education Program is required to complete MAP. The statements on this application are true.	
			Signed	

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

Interests/hobbies/ unique experiences l've had that I will enhance my teaching of children
Other than my love of children, I am interested in teaching in the elementary school because
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)
Additional information we should consider when reviewing your application
Attach additional information if needed.
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