

Application for the Undergraduate Multiple Abilities Program (MAP)

Name: _____ Date _____ Female _____ Male _____

Local Address: _____

Home Address: (if different) _____

Local Phone _____ Anticipated Graduation Date _____ Approx. GPA _____

E-mail _____ CWID Number _____ Major _____

Are you currently receiving any form of financial assistance to attend the University? If so, please describe:

<u>Experience teaching/working with children</u>	<u>Education & Computer Courses</u>	<u>Grade</u>
<i>Example</i>	<i>(Completed or Currently Taking)</i>	
Sunday School Teacher	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

Please attach transcripts of all college work.

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

