

Application for the Undergraduate
Multiple Abilities Program

Name: _____ Date: _____

Local Address: _____

Home Address (if different): _____

Local Phone: _____ Anticipated Graduation Date: _____ Approximate GPA: _____

E-mail: _____ CWID Number _____ Major: _____

Experience with teaching/working with children.

Example: Sunday School Teacher

Education & Computer Courses Grade (Completed or Currently Taking)

COURSE	GRADE

**Please attach all transcripts of all college work

I realize that MAP is a full-time, five-semester program (including a 12-hour 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) _____ Print Name _____

*Financial Assistance may not pay for summer

Interests/hobbies unique experiences I've had that will enhance my teaching of children: _____

What personal qualities do you have that you think will make you a good teacher?

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:

Email completed application along with a current transcript to: Mrs. Sharron Maughn:
smaughn@ua.edu