MERCYHURST UNIVERSITY

4+1 Application Form

Student Name: _____ Mercyhurst ID #: _____

Birth Date: _____ Gender: ____ OPTIONAL: Race: _____ Religion: _____ Marital Status: ___
Month/Day/Year M/F Information for statistical purposes only. AfricanAm/Asian/PacIsland/ Caucasian/ Hispanic/NativeAm/other Buddhist/EOrthodox/ Jewish/ Protestant/RmCatholic/Muslim/other S/M/D

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____-_____ Cell: (_____) _____-_____

Current Undergraduate Program: _____

Concentration: _____ Expected Year/Term of Graduation: _____

Please mark the 4+1 Program you are interested in applying for:

_____4+1 Master of Science in Special Education

In addition to this form, the Office of Graduate Admissions requires a reference letter/email from your current advisor and personal statement of 500-700 words describing your interest in the program and how it fits into your future career plans. Requirements may be waived upon request after a transcript review.

OFFICE USE

Program:

Admit Status: **TZ**

Fall (Aug-Dec) ☐ **Spring** (Jan-May) ☐ **Summer** (June-Aug)

Course Registration

DEPARTMENT	NO.	SECTION	CREDIT TYPE*	COURSE TITLE	CREDIT(S) PER COURSE
* U-Undergrad C-Certificate A-Audit G-Graduate L-Lab R-Repeat				Total number of credits	

_____ _____ _____

ADVISOR'S SIGNATURE STUDENT'S SIGNATURE DATE

Mercyhurst University Academic Dean Representative: _____ Date: _____