

Salisbury

UNIVERSITY

APPLICATION FOR ADMISSION TO THE MASTER OF SCIENCE PROGRAM

This form is to be completed by any person who is planning to enroll in the Master of Science program in Mathematics Education.

NAME _____ I.D. # _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City)

(State) (Zip) (County)

PHONE _____ EMAIL _____
(Home) (Business)

In what track do you intend to pursue a program of study? _____
(Middle School or High School)

Do you plan to become a full-time _____ or a part-time _____ M. S. Student?

Are you currently teaching? YES _____ NO _____

If yes, where? _____
(School Name) (District) (Grade Level)

Institution from which you received your Bachelor's degree _____
(Name) (Year)

Other institutions where you have taken graduate-level courses _____
(Name) (Year)

IMPORTANT: Please submit a typed/word processed description of your reasons for pursuing graduate study in Mathematics Education, and a statement of your career goals.

If you have questions, please contact the Mathematics graduate office at 410-543-6140 or 410-677-5381 or fax 410-548-5559.

Signature _____

Date _____

Return to: Mathematics & Computer Science Department - Graduate Studies
Salisbury University
1101 Camden Avenue
Salisbury, MD 21801