

Application for Specialist in Education Degree: Concentration in Instructional Technology
Department of Instructional Technology, Health and Cultural Studies

1. Name _____

2. Address _____

3. City _____ State _____ Zip _____

4. Phone _____ Email Address _____

5. Social Security Number _____

6. Are you or have you ever been licensed to teach? _____

7. If yes, please list subject and grade level. _____

8. Provide information about all colleges or universities attended and degrees held or in-progress:

Dates of Attendance	Institution	Major	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Provide information about your job history:

Dates of Employment	Employer	Job Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Attach a statement of purpose (not to exceed 250 words) for choosing to pursue this degree. This may include personal and career goals.

11. Submit the names and phone numbers of three professional references that know your academic or professional expertise.

Your Signature _____ Date _____

Return this application to:
College of Education, Health and Human Sciences
Department of Instructional Technology, Health and Cultural Studies
421 Claxton Complex, 1122 Volunteer Blvd.
Knoxville, TN 37996-3400