Winona State University  
Department of Special Education  
P.O. Box 5838  
Gildemeister Hall, Room 221  
Winona, MN 55987

Dear Graduate Student,

We are pleased to learn of your interest in Special Education and are particularly happy that you have decided to examine the programs offered by the WSU Special Education Department. The following information is to assist you in the steps you must take for entrance into our program for LD and/or DD licensures.

If you wish to complete the Master’s Degree in SPED:

- You must first apply for admission into the Graduate Program at Winona State University. Information on how to apply to the Graduate Studies program, as well as a Graduate Studies Application are available online for your convenience.
- For admission, a 3.0 G.P.A. is required for the last two years of undergraduate study OR you must take the GRE and achieve a combined score of 900 in the verbal and quantitative portion and a minimum of 3.5 on the analytical portion. Please send one official transcript from all colleges and universities attended to Winona State University, P.O. Box 5838, Winona, MN 55987, ATTN: Graduate Office, Somsen 210C.
- You must have three recommendations submitted on your behalf by peer, administrator and/or supervisor. Forms are enclosed.
- You must apply for admission into a Program of Graduate Study in SPED. Application is enclosed.

If you wish to complete the state licensure program in SPED at the graduate level:

- You must first apply for admission into the Graduate Program at Winona State University. Information on how to apply to the Graduate Studies program, as well as a Graduate Studies Application are available online for your convenience.
- For admission, a 3.0 G.P.A. is required for the last two years of undergraduate study OR you must take the GRE and achieve a combined score of 900 in the verbal and quantitative portion and a minimum of 3.5 on the analytical portion. Please send one official transcript from all colleges and universities attended to Winona State University, P.O. Box 5838, Winona, MN 55987, ATTN: Graduate Office, Somsen 210C.
- You must have three recommendations submitted on your behalf by peer, administrator and/or supervisor. Forms are enclosed.
- You must apply for admission into a Program of Graduate Study in SPED. Application is enclosed.

After these admission applications have been processed and accepted, you will receive a letter of acceptance from the WSU Special Education Department. At that time, you will be assigned an advisor and contact information for that advisor will be provided.

Thank you for choosing the WSU Special Education Department!

Sincerely,

WSU Special Education Staff
Applicants for graduate study in Special Education should follow the procedure outlined below. Program and course information is available at www.winona.edu/gradcatalog under Special Education.

INSTRUCTIONS FOR ADMISSION TO A GRADUATE PROGRAM IN SPECIAL EDUCATION

1. Complete the “WSU Graduate Studies Online Application”.

2. Request that one official copy of transcripts of all college/university work be sent directly to the WSU Graduate Office from respective colleges or universities.

3. Submit “Application for Admission to Graduate Study in Special Education” (Special Education form to the Special Education Office, Gildemeister Hall, Room 221).

4. Request three letters of recommendation on enclosed forms and have them sent to the Special Education Office.

5. Arrange to take the Graduate Record Exam (GRE) if your G.P.A. fell below 3.0 during the last two years of undergraduate study (combined score of 900 in the verbal and quantitative portions and a minimum of 3.5 on the analytical portion required for admission).

6. Submit Candidacy Forms to the Graduate Office before 16 credits have been completed.

If you have any questions, please contact Deb Ferguson, Office Manager, in the WSU SPED Department Office at dferguson@winona.edu or 507/457-5535.
Winona State University  
Department of Special Education  

Application for Admission to Graduate Study in Special Education

Last Name ___________________________ First Name ___________________________ Middle Name ___________________________ Maiden Name ___________________________

Permanent Address: ____________________________________________________________

Street ___________________________ City ___________________________ State ______ Zip ______

Telephone: ___________________________ Warrior ID __________________________________

Area Code & Number

Email address: ________________________________________________________________

__________________________________________________________

Degree Objective: ____________________________________________________________

Licensure Objective: ___________________________________________________________

____ M.S. in Early Childhood Special Ed.  ______ Early Childhood Special Education

____ M.S. in Education Learning Disabilities

____ M.S. in Education Developmental Disabilities

Undergraduate College or University Attended: ____________________________________________

Location: ___________________________ Degree: ___________________________

Date Graduated: ________________ Major/Minor: ___________________________

G.P.A. (during last two years of undergraduate study): ___________________________

List areas in which you are certified to teach: ____________________________________________

Courses/Credits: ___________________________ Where Earned: ___________________________

When Earned: ___________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
List work experiences (most recent first):

Location: ____________________________ Position: ____________________________ Dates: ____________

________________________________________

________________________________________

________________________________________

List volunteer and community activities (most recent first):

________________________________________

________________________________________

________________________________________

Summarize why you wish to pursue graduate study in special education:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Signature: ____________________________ Date: ____________

Return to: Winona State University
Special Education Department
Gildemeister Hall
P.O. Box 5838
Winona, MN 55987-5838
RECOMMENDATION FORM FOR
ADMISSION TO THE GRADUATE PROGRAM
IN SPECIAL EDUCATION

Please return to:

Winona State University
P.O. Box 5838
Winona, MN 55987-5838
ATTN: Special Education Department

APPLICANT’S NAME

Please provide the following information regarding the applicant named above:

1. How long have you known the applicant? _________________________________

2. Nature of contacts with the applicant:
   _____ teacher in one class       _____ teacher in several classes
   _____ advisor                   _____ employee       _____ other ______________________

3. Where would you rank the applicant in terms of overall ability for graduate study?
   _____ lower 25%               _____ middle 50%       _____ upper 25%
   _____ upper 10%               _____ inadequate opportunity to observe

4. Is the individual’s academic record an accurate reflection of his/her scholastic ability?
   ______________________________________________________________
   ______________________________________________________________

5. Please describe the individual’s strengths and weaknesses in terms of personality and physical health.
   ______________________________________________________________
   ______________________________________________________________
6. Please comment on the applicant’s ability to organize thoughts and express them both orally and in writing.

________________________________________________________________________

________________________________________________________________________

7. Please describe your view of the applicant’s suitability for working with special needs Students.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature                                      Date

Position

Address                                      Phone

The law permits students to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant’s signature below indicates that this recommendation will remain confidential. No signature means the students will have the right to read this reference.

Applicant’s Signature                                      Date
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ADMISSION TO THE GRADUATE PROGRAM
IN SPECIAL EDUCATION

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   ________________________________________________________________

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   ________________________________________________________________
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7. Please describe your view of the applicant’s suitability for working with special needs Students.

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

__________________________________________  __________________________
Signature                                      Date

__________________________________________
Position

__________________________________________  __________________________
Address                                      Phone

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   ____________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature ___________________________ Date _____________

Position ___________________________

Address ___________________________ Phone _____________

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Applicant’s Signature ___________________________ Date ____________