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. Application available at www.winona.edu/gradstudies. Click on Prospective Students. 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 106b.
- 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 apply for admission into a Graduate Program at Winona State University with Graduate Special status. Requirements are the same as listed above. Application available at www.winona.edu/gradstudies. Click on Prospective Students. 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 106b.
- 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](http://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.
Application for Admission to Graduate Study in Special Education

Last Name __________________________  First Name __________________________  Middle Name __________________________  Maiden Name __________________________

Permanent Address: __________________________  __________________________  __________________________  __________________________
Street  City  State  Zip

Telephone: __________________________  __________________________  __________________________  __________________________
Area Code & Number  Warrior ID

Email address: __________________________

Degree Objective: __________________________  Licensure Objective: __________________________

_____ M.S. in Early Childhood Special Ed.  _____ Early Childhood Special Education

_____ M.S. in Education  _____ Learning Disabilities

   Learning Disabilities

_____ M.S. in Education  _____ Developmental Disabilities

   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):

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<th>Location</th>
<th>Position</th>
<th>Dates</th>
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List volunteer and community activities (most recent first):

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<th>Activity</th>
<th>Dates</th>
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Summarize why you wish to pursue graduate study in special education:

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<th>Reason</th>
<th>Dates</th>
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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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Winona, MN 55987-5838
ATTN: Special Education Department

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   _____ teacher in one class   _____ teacher in several classes
   _____ advisor            _____ employee            _____ other ______________________

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   _____ 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 ___________________________

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________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Signature  Date

________________________________________________________________________

Position

________________________________________________________________________

Address  Phone

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Applicant’s Signature  Date