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 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 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 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 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: ____________________________ Area Code & Number: ____________________________
Warrior ID: ____________________________

Email address: _________________________________________________________________

Degree Objective:

_____ M.S. in Early Childhood Special Ed.

_____ M.S. in Education
Learning Disabilities

_____ M.S. in Education
Developmental Disabilities

Licensure Objective:

_____ Early Childhood Special Education

_____ Learning 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: ____________________________

____________________________________________________________________________

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List work experiences (most recent first):

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List volunteer and community activities (most recent first):

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

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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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IN SPECIAL EDUCATION

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   _____ 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.

________________________________________________________________________

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Signature                                      Date

Position

Address                                      Phone

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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

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Position

________________________________________
Address                                      Phone

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Applicant’s Signature                        Date