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 Learning Disabilities and/or Developmental Disabilities.

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

- 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.
- 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 Hall 210C.
- You must apply for admission into a Program of Graduate Study in Special Education. The application is attached. To be considered for admission all students applying to a Special Education graduate program must either have a cumulative GPA of 3.0 or greater for the last 60 credits of study or pass Reading, Writing and Math subtests as assessed by one of the Board of Teaching approved examinations (i.e. MTLE, NES, GRE, ACT plus Writing, SAT) using the Minnesota Board of Teaching passing criteria.
- You must have three recommendations submitted on your behalf by peer, administrator and/or supervisor. Forms are enclosed.

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

- You must apply for admission into a Graduate Program at Winona State University with Graduate Special status. Information on how to apply to the Graduate Studies program, as well as a Graduate Studies Application are available online for your convenience.
- 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 Hall 210C.
- You must apply for admission into a Program of Graduate Study in Special Education. The application is attached. To be considered for admission all students applying to a Special Education graduate program must either have a cumulative GPA of 3.0 or greater for the last 60 credits of study or pass Reading, Writing and Math subtests as assessed by one of the Board of Teaching approved examinations (i.e. MTLE, NES, GRE, ACT plus Writing, SAT) using the Minnesota Board of Teaching passing criteria.
- You must have three recommendations submitted on your behalf by peer, administrator and/or supervisor. Forms are 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 Department
PROCEDURES

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. Submit the “Application for Admission to Graduate Study” to the WSU Graduate Office.

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 the “Application for Admission to Graduate Study in 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. If your GPA fell below 3.0 during the last 60 credits of study, make arrangements to take the Basic Skills exams in Reading, Writing and Math as approved by the Board of Teaching (i.e. MTLE, NES, GRE, ACT plus Writing, SAT.)

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 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: _________________________________________________________

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 Room 221
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 comment on the applicant’s ability to organize thoughts and express them both orally and in writing.
   _______________________________________________________________________
   _______________________________________________________________________

6. Please describe your view of the applicant’s suitability for working with special needs students.
   _______________________________________________________________________
   _______________________________________________________________________
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
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 comment on the applicant’s ability to organize thoughts and express them both orally and in writing.
   _______________________________________________________________________
   _______________________________________________________________________

6. Please describe your view of the applicant’s suitability for working with special needs students.
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.
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 comment on the applicant’s ability to organize thoughts and express them both orally and in writing.

   ________________________________________________________________________
   ________________________________________________________________________

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

   ________________________________________________________________________
   ________________________________________________________________________
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