

EXPRESS INFORMATION FORM

Masters of Education in Teaching Program

Complete this form and mail it directly to the field of study. Please send to:

Institute for Teacher Education / MEdT Program
 College of Education • University of Hawaii at Manoa
 1776 University Avenue, Wist Annex 2-Room 222
 Honolulu, HI 96822.

You should mail this form at the same time you mail your application to the Graduate Division.

Have you applied to the MEdT Program before? Yes No When? _____

Full Legal Name: _____

Family / Last

First

Middle

Social Security Number (if applicable): _____

Mailing Address: _____

Phone Number(s): Home: _____ Work: _____ Other: _____

E-mail Address: _____

Citizenship: (check one) U.S.A. Other: _____

Specify Country

Degrees Awarded/Expected:

<u>University/College</u>	<u>State/Country</u>	<u>Degree</u>	<u>Date Awarded</u>	<u>GPA</u>

Exam Score: (Please make sure that **official** scores are sent to our program or your application file will be considered incomplete)

PPST (Required for everyone): Score: _____ Exam Date: _____

PRAXIS Subject Content Score: _____ Exam Date: _____

TOEFL: (if applicable) Score: _____ Exam Date: _____

Name of an academic reference: Name: _____ Phone: _____

Program Focus: Elementary or Secondary Education (Please Circle one). **Secondary Subject:** _____

If you will be paying your tuition and fees via self, sponsor, or family funds, please check here:

If you will be applying for financial assistance, please check here:

I CERTIFY THAT THE ABOVE ANSWERS AND RESPONSES ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant's Signature

Date