

**COLLEGE OF EDUCATION  
UNIVERSITY OF NORTHERN IOWA  
DEPARTMENT OF SPECIAL EDUCATION**

**APPLICATION FOR THE ED.D. PROGRAM**

Date of Application: \_\_\_\_\_ UNI Student ID# (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Semester and year program will begin: \_\_\_\_\_

Area of specialization (Intensive Study) to which application is made:

Counseling  Curriculum & Instruction  Educational Leadership  Special Education

Work experiences in education (or related areas) – list current employment first:

<u>Years</u>	<u>Job/Title</u>	<u>Employer</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certification (endorsements/approvals) held: \_\_\_\_\_  
\_\_\_\_\_

Area of interest within Special Education: \_\_\_\_\_

Additional certification sought through doctoral study: \_\_\_\_\_  
\_\_\_\_\_

Recommendations Requested From (Reference Forms are attached):

<u>Name</u>	<u>Position</u>
_____	_____
_____	_____
_____	_____