

**SUPPLEMENTAL APPLICATION**  
**Visual Impairment Specialist Program**

\*An interview may be required prior to admittance.\*

Please return this form to:  
Dr. Paula Conroy, Coordinator  
Campus Box 141  
University of Northern Colorado  
Greeley, CO 80639

Applicant's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Day) (Night)

Baccalaureate Major: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Institution: \_\_\_\_\_

Earned Certification/Licensure to Teach: \_\_\_\_\_  
\_\_\_\_\_

Level(s) \_\_\_\_\_

Subject Area(s) \_\_\_\_\_

If secondary, subject area: \_\_\_\_\_

Teaching Experience and Grade Level: \_\_\_\_\_  
\_\_\_\_\_

Experience with individuals with disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the program for which you are applying for admission:

I. M. A. Degree in Special Education, Emphasis in Visual Impairment

with Orientation & Mobility

without Orientation & Mobility

II. License/Endorsement Only (Check here if you do **not** want the MA)

Severe Needs: Vision

Orientation & Mobility

Dual

Semester of Planned Entry: \_\_\_\_\_

Please indicate if you plan to enroll full-time or part-time. \_\_\_\_\_

Name, address and phone number of two persons whom you have contacted to send references or letters of recommendation:

1. \_\_\_\_\_  
Phone number \_\_\_\_\_

2. \_\_\_\_\_  
Phone number \_\_\_\_\_

Will you be employed while enrolled in your program  yes  no

If yes, please describe employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently in default on any student loans?  yes  no

Optional: If you choose, please identify whether or not you are a member of a minority group or if you have a disability.  
(specify): \_\_\_\_\_

On a separate sheet of paper provide a narrative statement of your professional goals and objectives as they relate to your application for the Severe Needs: Vision program at the University of Northern Colorado. (Limit your response to one page.)

I certify that this information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date