



University of Nevada, Reno
College of Education
Department of Educational Leadership

EL Application for Admission

(This information is required in addition to the Application for Admission which must be filed with the Graduate School)

1. Name: _____

2. Business Address: _____

4. Home Address: _____

5. Home Telephone: _____ Business Telephone: _____

6. Email: _____

7. Degree sought: M.Ed. _____ M.A. _____ Ed.S. _____ Ed.D. _____ Ph.D. _____

8. Area of Concentration:

Principalship _____

Special Education Administration _____

Vocational Education Administration _____

Higher Education Administration _____

Superintendency _____

University of Nevada Reno
College of Education
Department of Educational Leadership

9. Ed.D / Ph.D. candidates must complete a residency requirement. Do you plan on completing this requirement during:

the academic year _____ or
during two summer sessions _____ ?

10. Please indicate the semester and year you anticipate beginning the program:

11. Offices held, honors received:

12. Membership in fraternal, honorary, collegiate, and professional organizations
(Please list organizations and years of membership):

13. Research and publications:

University of Nevada Reno
College of Education
Department of Educational Leadership

14. Certificates held (please specify state):

Teaching: _____

Counseling and Personnel Services: _____

Administrative: _____

Other: _____

15. Has your certification ever been suspended or revoked?

If yes, explain why and provide dates: _____

16. Experience: List only paid teaching, counseling, supervisory or administrative experience in public and private schools and colleges. Additional space is provided later for other types of employment. Please list place of district, state or country, years, assignment, and grade level.

17. Occupational experience in fields other than education: Please list kind of work done, employer, and years.

University of Nevada Reno
College of Education
Department of Educational Leadership

18. Please list three (3) professional and personal references, including your current supervisor. The EL Department may contact the references given. Please list name, position, and address.

I hereby waive the right to examine the letters of reference provided by those listed above.

Signature of Applicant

Date

Upon admission you will be assigned an advisor. If you wish to request a specific faculty advisor, please list your preference here:

When you have completed this form, please mail to:

**EL Department
Mail Stop 283
College of Education
University of Nevada, Reno
Reno, NV 89557**