

Statement of Goals: Master of Arts in Teaching

Applicant Name (First and Last Name): _____

Applicant Email: _____

Directions: Complete the following prompt and return to the Graduate School either via email as a saved .pdf attachment to gradschl@up.edu or as a printed document via mail to the address listed above in the right hand corner. Please be sure this completed form is included in your email or mail. For any program specific questions, please contact Chris Greene via email at greenec@up.edu or by phone at 503.943.7135.

Why do you want to be a teacher? What do you hope to accomplish as a teacher? Relate any specific experiences that illustrate your comments.