

Statement of Goals: Post Master's Certificate

Applicant Name (First and Last Name): _____

Applicant Email: _____

Intended Area of Interest:

- | | |
|---|--|
| <input type="checkbox"/> Continuing ("Professional") Administrator License (CAL) | <input type="checkbox"/> Initial ("Preliminary") Administrator License (IAL) |
| <input type="checkbox"/> English for Speakers of Other Languages (ESOL) Endorsement | <input type="checkbox"/> Neuroeducator |
| <input type="checkbox"/> Higher Education and Student Affairs (HESA) | <input type="checkbox"/> Reading Endorsement |
| | <input type="checkbox"/> Special Educator (SPED) Endorsement |
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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 Anne Rasmussen via email at rasmusse@up.edu or by phone at 503.943.8257.

Please provide a narrative statement of your academic and/or professional goals. The importance of your intended area of interest in the pursuit of these goals should also be made clear.