

Graduate Studies Reentry Application

Name

Student ID or Social Security Number

Street

City

State

Zip

(____) _____
Home Phone

(____) _____
Daytime Phone (If Different)

Email

1. Term of Last Attendance (must be within last 5 years)

Fall semester 20____

Spring semester 20____

Summer session 20____

2. Have you earned any credits at an institution other than UW-Superior since your last attendance at UWS? _____

If yes, list institutions and provide transcript.

3. Requested term of reentry

Fall

Spring

Summer

4. ADMISSION TYPE:

Graduate Degree Seeking

Graduate Special Student (no degree)

Certification Only (also check program)

5. PLEASE CHECK APPROPRIATE PROGRAM BELOW:

MASTER OF ARTS

Visual Arts

- Studio Art
- Art History
- Art Education
- Art Therapy

Communicating Arts

- Speech Communication
- Theatre
- Mass Communication

MASTER OF SCIENCE IN EDUCATION

Counseling

- Community Counseling
- School Counseling
- Human Relations

Educational Administration

- Director of Instruction
- Director of Spec Ed/Pupil Services
- Principalship
- School Business Administrator

Instruction

Library Science

Reading

- Reading Teacher (316)
- Reading Specialist (017)

Special Education

- Cognitive Disabilities
- Cross Categorical
- Emotional/Behavioral Disabilities
- Learning Disabilities

SPECIALIST IN EDUCATION

Educational Administration

- Director of Instruction
- Director of Spec Ed/Pupil Services
- Principalship
- School Business Administrator
- Superintendent

Submit to: Graduate Studies Office • Swenson 2024 • P.O. Box 2000 • Superior, WI 54880

Phone: 715/394-8295 • Fax: 715/394-8146