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
      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 3061 ● P.O. Box 2000 ● Superior, WI 54880
Phone: 715/394-8295 ● Fax: 715/394-8371

1/24/2014