

This application is for the student who has been previously admitted and registered at Wayne State University as a regular graduate student



Return to:
 Education Graduate Office
 Room 489 College of Education
 Wayne State University
 Detroit, Michigan 48202

Semester Requested:
 _____ Fall
 _____ Winter
 _____ Spring/Summer
 Year _____

Name _____ Birthdate _____
 Address _____ Phone (h) _____ (w) _____
 _____ I.D.# _____
 City State Zip

Program Desired Major
 _____ Education Specialist Certification Program (54) Code # _____ Name _____
 _____ Ed.D. Degree Program (57) Code # _____ Name _____
 _____ Ph.D. Degree Program (67) Code # _____ Name _____

Higher Education Record: Name of Institution and Location
 If you have a degree from WSU, please indicate the College

	Institution	Major	Name of Degree	Date Earned
Bachelor's Degree				
Master's Degree				
Ed. Specialist Cert.				
Other				

Current Status at WSU _____ Date last attended WSU _____

Employment Record (beginning with your most recent work experience)

Name of Employer	Dates of Employment	Type of Work	Phone

Do you plan to be employed while in school? _____ Yes _____ No

If yes, how many hours per week? _____

