

College of Science & Health Supplemental Application for Master of Science in Science Education

Name:		 	
Home Address:	·	 	
	 City:	_ Zip:	
Day Phone:		 Fax:	
- -	nber for contacting you		
School:		 	
School Address:		 	
	City:	_ Zip:	
Principal's Nam	e:	 	
Years at School			
Grade(s) you cu	rrently teach:	 □Self-contained or	
Subject(s) you c	urrent teach:		
Total years of te	aching experience:		

I. Contact Information and School Information

II. Background Information

Please list all of your postsecondary degrees

Degree	Subject	Institution	Year

Please list your teaching certificates and types of endorsements.

Please briefly list all college and post-baccalaureate math and science courses you have taken. You may also write "see transcript."

Please briefly describe any experience you have had in teaching science.

Please briefly describe any additional coursework, special workshops, or training that you have participated in during your professional career that might be relevant to the MSSE Program.

III. Narrative

On a separate sheet, please answer the following questions.

- 1. What are your long term career goals?
- 2. What excites you about science?
- 3. How do you imagine science can be made exciting for children?

V. Signature

Signature of Applicant / Date

VI. Transcripts

The DePaul University on-line application requires transcripts from all undergraduate and graduate degree granting institutions listed in your application. Please have the official transcripts sent to:

Graduate Admissions DePaul University 2400 N. Sheffield Avenue Chicago, IL 60614

Official electronic transcripts are also accepted at graddepaul@depaul.edu

VII: Mailing Information

Return this form to the address below. We suggest that you send an email to Victoria Simek at <u>vsimek@depaul.edu</u>, regarding your intent to apply to the program. This will enable the DePaul program staff to watch for your application materials.

Victoria Simek, Associate Director STEM Center DePaul University 990 W. Fullerton, Suite 4400 Chicago, IL 60614 T: 773.325.4790 F: 773.325.4781 E: vsimek@depaul.edu