

# ADDENDUM TO GRADUATE APPLICATION

---

Name \_\_\_\_\_ Social Security Number (last four digits) \_\_\_\_\_

Credential objective:	Preliminary	Clear	Level II	Added Authorization	Diploma
Mild/Moderate Disability Specialist Program					
Moderate/Severe Disability Specialist Program					
Physical & Health Impairments Specialist Program					
Early Childhood Special Education Specialist Program					
Dual Special Education & Multiple Subjects					
Autism Spectrum Disorders Added Authorization					
Early Childhood Specialist Added Authorization					
Resource Specialist Added Authorization					
Master of Arts in Special Education					

