DECLARATION OF GRADUATE PROGRAM FORM

WASHBURN UNIVERSITY

Name__________________________________  ____________________  _____  ____________________  Student I.D.#_____________________
Last                       First                      MI                             Any other name on record
Phone # ___________________________    e-mail ______________________________

1. Your Start Date at Washburn (semester/year) _____________________________________

2. M.Ed. Degree [ ] or Licensure Only [ ]

3. Programs
Bl [ ]                    rdg [ ]                        ase K-6 [ ]                    C&I [ ]
Dl [ ]                        ase 6-12 [ ]                        Literacy [ ]
DL [ ]

Student Signature __________________________ Date ____________
Advisor Signature __________________________ Date ____________
Dept Chair/Dean Signature __________________________ Date ____________

RETURN TO: Department of Education Office – Carnegie Hall 202